

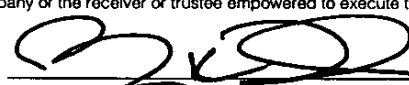


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90054 029 ****50.00

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|---|--|---|---|---|--|
| DOCUMENT # L02000022225 1. Entity Name COLONIAL SHORES, L.L.C. | | | |  | |
| Principal Place of Business 12601 WESTLINKS DRIVE, SUITE 7 FORT MYERS, FL 33913 | | | Mailing Address MMI OF THE GULF COAST 14275 SW 142 AVE MIAMI, FL 33186 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address <i>Colonial Homes</i> <i>2000 Interstate Park Dr</i> City & State <i>Montgomery, AL</i> Zip <i>36109</i> | |  | |
| City & State Zip | | Country <i>US</i> | | 08022005 Chg-LLC CR2E083 (10/03) 4. FEI Number 87-0708651 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent SHIELDS, CHRIS ESQ 1833 HENDRY STREET FORT MYERS, FL 33901 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by September 7, 2005 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD PERSICILLI, TONY 12601 WESTLINKS DRIVE, SUITE 7 FORT MYERS, FL 33913 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <i>Managing Member</i> <i>Colonial Homes, Inc</i> <i>2000 Interstate Park Dr</i> <i>Montgomery, AL 36109</i> | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD MIRABILE, JOHN 12601 WESTLINKS DRIVE, SUITE 7 FORT MYERS, FL 33913 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD MCLECRONE, ANDREA 12601 WESTLINKS DRIVE, SUITE 7 FORT MYERS, FL 33913 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD LECRONE, ANDRE M 12601 WESTLINKS DRIVE, SUITE 7 FORT MYERS, FL 33913 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE:  | | | Date: <i>8/2/05</i> Daytime Phone #: <i>(334) 270-6633</i> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |