

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023227

FILED
Apr 21, 2004
Secretary of State

Entity Name: COLONIAL PROPERTIES, LLC

Current Principal Place of Business:

1950 COURTNEY DRIVE
206
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

1950 COURTNEY DRIVE
206
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 32-0061223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCAS, DONALD R
1950 COURTNEY DRIVE
206
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LUCAS, DONALD R
Address: 1950 COURTNEY DR., SUITE 206
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM () Delete
Name: CARABINE, DANIEL T
Address: NDDC, INC./15372 FIDDLESTICKS BLVD.
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM () Delete
Name: SCANLAN, BRIAN
Address: P B COLONIAL, LLC./3715 LIBERTY SQ.
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DONALD R. LUCAS

MGRM

04/21/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date