

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90258 011 ***138.75

DOCUMENT # L02000033895

1. Entity Name
COLONIAL REAL ESTATE TITLE, LLC



Principal Place of Business
**740 FLORIDA CENTRAL PARKWAY, SUITE 1004
LONGWOOD, FL 32750**

Mailing Address
**740 FLORIDA CENTRAL PARKWAY, SUITE 1004
LONGWOOD, FL 32750**

50006590

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05282008

Chg-LLC

CR2E083 (12/06)

4. FEI Number
59-0810304

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KEIDAISH, PHILIP F JR
320 W. SABAL PALM PLACE
STE. 300
LONGWOOD, FL 32779**

7. Name and Address of New Registered Agent

Name **Albert E Ford, II**
Street Address (P.O. Box Number is Not Acceptable)
740 Florida Central Parkway Suite 2008
City **Longwood** FL Zip Code **32750**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/28/08

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **KEIDAISH, PHILIP F JR.**
STREET ADDRESS **320 W. SABAL PALM PLACE, SUITE 300**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **MGRM** ☐ Delete
NAME **WHITAKER, LORI A**
STREET ADDRESS **1009 MAITLAND CENTER COMMONS BLVD., #216**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **MGRM** ☐ Delete
NAME **FORD, ALBERT E II**
STREET ADDRESS **740 FLORIDA CENTRAL PARKWAY, SUITE 2008**
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SAME** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **740 Florida Central Parkway, Suite 1004**
CITY-ST-ZIP **Longwood, FL 32750**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

05/28/08 407.862.2701

Date

Daytime Phone #