

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003947

FILED
Apr 12, 2006
Secretary of State

Entity Name: COLTS NECK INVESTOR GROUP I, LLC

Current Principal Place of Business:

1499 WEST PALMETTO PARK ROAD
SUITE 200
BOCA RATON, FL 334863321 US

Current Mailing Address:

1499 WEST PALMETTO PARK ROAD
SUITE 200
BOCA RATON, FL 334863321 US

New Principal Place of Business:

1499 WEST PALMETTO PARK ROAD
SUITE 200
BOCA RATON, FL 33486 US

New Mailing Address:

1499 WEST PALMETTO PARK ROAD
SUITE 200
BOCA RATON, FL 33486 US

FEI Number: 57-1148198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDFARB, STEVEN
1499 WEST PALMETTO PARK ROAD
SUITE 200
BOCA RATON, FL 334863321 US

Name and Address of New Registered Agent:

GOLDFARB, STEVEN M
1499 WEST PALMETTO PARK ROAD
SUITE 200
BOCA RATON, FL 33486 US

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: STEVEN M. GOLDFARB

04/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GOLDFARB, STEVEN M
Address: 1499 W PALMETTO PARK RD. #200
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOLDFARB, STEVEN M
Address: 1499 W PALMETTO PARK RD. #200
City-St-Zip: BOCA RATON, FL 33486 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: STEVEN M. GOLDFARB

MGR

04/12/2006

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