


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000006634 1. Entity Name COLONIAL SUPER CENTER, LLC		
Principal Place of Business 1200 KASAMADA DRIVE FORT MYERS FL 33919		Mailing Address 1200 KASAMADA DRIVE FORT MYERS FL 33919
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
Country	4. FEI Number 02-0675347	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
04 APR 29 PM 2:00

MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent SUBLETT, JAMES E 1200 KASAMADA DRIVE FORT MYERS FL 33919	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Managing member</i> James E. Sublett <i>2503 Del Prado Blvd Suite 301</i> Cape Coral, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>She called 4/29</i> "Janna Dale" <i>gave me "FEI"</i> #.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [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:  **JAMES SUBLETT** **239 458 8000**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE