


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90039 006 \*\*\*\*50.00

<b>DOCUMENT # L03000006634</b> 1. Entity Name COLONIAL SUPER CENTER, LLC					
Principal Place of Business 6076 EAGLE WATCH COURT N. FORT MYERS, FL 33917			Mailing Address 6076 EAGLE WATCH COURT N. FORT MYERS, FL 33917		
2. Principal Place of Business - No P.O. Box # <b>6296 CORPORATE COURT</b>		3. Mailing Address <b>6296 CORPORATE COURT</b>			
Suite, Apt. #, etc. <b>B-102</b>		Suite, Apt. #, etc. <b>B-102</b>			
City & State <b>FT. MYERS FL</b>		City & State <b>FT. MYERS FL</b>		4. FEI Number <b>02-0675347</b>	
Zip <b>33919</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33919</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  LOGUE, PATRICK 6076 EAGLE WATCH COURT NORTH FORT MYERS, FL 33917			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>6296 CORPORATE COURT B-102</b> City <b>FT. MYERS FL</b> Zip Code <b>33919</b>		
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 <u>PATRICK LOGUE</u> DATE <u>4-15-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLORIDA FIVE HUNDRED, LLC 6076 EAGLE WATCH COURT N. FORT MYERS, FL 33917		TITLE NAME STREET ADDRESS CITY - ST - ZIP	6296 CORPORATE COURT B-102 FT. MYERS FL 33919	
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	
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	
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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 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>4-15-07</b>		Daytime Phone # <b>239-333-1137</b>