

FILED
Aug 25, 2004 8:00 am
Secretary of State

05-05-2004 90006 043 ****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000009676					
1. Entity Name COLONIAL RADIATION EXPANSION, L.L.C.					
Principal Place of Business 2234 COLONIAL BLVD. FT. MYERS, FL 33907			Mailing Address 2234 COLONIAL BLVD. FT. MYERS, FL 33907		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 14-188056	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MYSLICKI, HUGO 2234 COLONIAL BLVD. FT. MYERS, FL 33907			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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>Hugo Myslicki</u> DATE <u>4/29/04</u>					
Filing Fee is \$50.00 Due by May 1, 2004			State check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Daniel D. Doser 13221 Roundstone Way Ft. Myers, FL 33907 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES ☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Michael Kato 1212 Coconut Dr Ft. Myers, FL 33901 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Howard Shawhan 842 Cal Cove Ft. Myers 33919 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption listed in Section 192.07(3)(b), Florida Statute. 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>D.D.</u>				239 - 6/23/04 931-7330	
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					