

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009676

FILED
Apr 23, 2007
Secretary of State

Entity Name: COLONIAL RADIATION EXPANSION, L.L.C.

Current Principal Place of Business:

2234 COLONIAL BLVD.
FT. MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

2234 COLONIAL BLVD.
FT. MYERS, FL 33907

New Mailing Address:

FEI Number: 14-1880506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYSLICKI, HUGO
2234 COLONIAL BLVD.
FT. MYERS, FL 33907 US

Name and Address of New Registered Agent:

NEWKIRK, CATHY
2234 COLONIAL BLVD.
FT. MYERS, FL 33907 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: CATHY NEWKIRK

04/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DOSORETZ, DANIEL
Address: 13241 PONDEROSA WAY
City-St-Zip: FORT MYERS, FL 33907

Title: MGR () Delete
Name: KATIN, MICHAEL
Address: 1212 COCONUT DRIVE
City-St-Zip: FORT MYERS, FL 33901

Title: MGR () Delete
Name: SHERIDAN, HOWARD
Address: 842 CAL COVE
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DANIEL DOSORETZ

MGR

04/23/2007

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