

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90196 023 \*\*\*\*50.00

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<b>DOCUMENT # L03000011671</b> 1. Entity Name <b>COLONNADE RETAIL, LLC</b>					
Principal Place of Business <b>420 S ORANGE AVE STE 1200 ORLANDO, FL 32801</b>			Mailing Address <b>P O BOX 231 ORLANDO, FL 32802</b>		
2. Principal Place of Business - No P.O. Box # <b>722 Vassar Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>Post Office Box 547037</b> Suite, Apt. #, etc.			
City & State <b>Orlando, Florida</b>		City & State <b>Orlando, Florida</b>		4. FEI Number <b>56-2346764</b>	
Zip <b>32804</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHRISTIANSE, PATRICK T 420 S ORANGE AVE STE 1200 ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGR REAL ESTATE COLLABORATIVE, LLC 722 VASSAR ST ORLANDO, FL 32804</b>	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 606, Florida Statutes.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>4/30/07</b> Daytime Phone # <b>(407) 398-6656</b>	