

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90077 043 ****50.00

DOCUMENT # L03000012820

1. Entity Name
COLONIAL REALTY DEVELOPMENT, LLC



Principal Place of Business
**2200 CORPORATE BOULEVARD, N.W., STE 401
BOCA RATON, FL 33431**

Mailing Address
**2200 CORPORATE BOULEVARD, N.W., STE 401
BOCA RATON, FL 33431**

2. Principal Place of Business
2200 NW Corporate Blvd.

3. Mailing Address
2200 NW Corporate Blvd.

Suite, Apt. #, etc.
Suite 401

Suite, Apt. #, etc.
Suite 401

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33431

Country
US

Zip
33431

Country
US

03032004 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0856597

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HCRM CORP
2200 CORPORATE BOULEVARD, NW., STE 401
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name
2200 NW Corporate Blvd.

Street Address (P.O. Box Number is Not Acceptable)
Suite 401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**MGR
Colonial Development Group, LLC
2200 NW Corporate Blvd., Suite 401
Boca Raton, FL 33431**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Joseph R. Cook

4/22/04

Date

561-997-9223

Daytime Phone #