



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

03-21-2007 90164 008 ****50.00

DOCUMENT # L03000017987 1. Entity Name LA COLONNADE DEVELOPMENT, LLC					
Principal Place of Business 152 N. HARBOR CITY BLVD MELBOURNE, FL 32935			Mailing Address 152 N. HARBOR CITY BLVD MELBOURNE, FL 32935		
2. Principal Place of Business - No P.O. Box # 1290 Hwy A1A, #109		3. Mailing Address 1290 Hwy A1A, #109			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Satellite Beach, FL		City & State Satellite Beach, FL		4. FEI Number APPLIED FOR	
Zip 32937		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FRESE, GARY B 930 S HARBOR CITY BOULEVARD, SUITE 505 MELBOURNE, FL 32901			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANEL, REGIS 152 N HARBOR CITY BLVD MELBOURNE, FL 32935		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Danel, Regis 1290 Hwy A1A, #109 Satellite Beach, FL 32937	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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<div style="text-align: center;"> <p><i>I suspect this form was not included with the check sent last month -</i></p> <p><i>Any questions, please call 321-242-2900</i></p> <p><i>Thanks</i></p> </div>					
11. I hereby 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, as required by Chapter 608, Florida Statutes.					
SIGNATURE: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					