2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
04-09-2004 90215 007 ****50.00

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03242004 Chg-LLC CR2E083 (10/03)

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1. Entity Name
COLONIAL RANCHES, L.L.C.

Principal Place of Business	Mailing Address
218 ALMERIA AVENUE CORAL GABLES, FL 33134	218 ALMERIA AVENUE CORAL GABLES, FL 33134

2. Principal Place of Business		3. Mailing Address	
1101 Channelside Drive		701 Ave. Ponce de Leon	
Suite, Apt. #, etc. Suite 232		Suite, Apt. #, etc. Suite 407	
City & State Tampa, FL		City & State San Juan, PR	
Zip 33602	Country U.S.A.	Zip 00907-3256	Country U.S.A.

4. FEI Number 58-2989723 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMAS G. SHERMAN, ESQ. P.A. 218 ALMERIA AVENUE CORAL GABLES, FL 33134	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 ______________________________
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARASOTA HOLDING CORP. 218 ALMERIA AVENUE CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☒ Change ☐ Addition 701 Ave. Ponce de Leon, Suite 407 San Juan, P.R. 00907-3256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HACIENDA LOS ANGELES, INC. 680 N.E. 105 LANE ANTHONY, FL 32617 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] 3-24-04 305-310-1211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #