2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000021468

1. Entity Name

COLONIAL RANCHES, L.L.C.



Principal Place of Business

1101 CHANNELSIDE DR., STE 232 TAMPA, FL 33602 Mailing Address

1101 CHANNELSIDE DR., STE 232 TAMPA, FL 33602 FILED Apr 17, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE 04202006 No. Chg-LLC

CR2E083 (11/05)

4. FEI Number , 20-0043508

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS G. SHERMAN, ESQ. P.A. 218 ALMERIA AVENUE CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the Salt of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature: Signature: Signature, typed or profited name of registered agent and title 3 applicable. Pilling Fee is \$50.00 JU00300516213			į.		
Filling Fee is \$50.00 Due by May 1, 2006 S. MANAGING MEMBERS/MANAGERS TITLE MGRM PRISA ENTERPRISES, INC. 1101 CHANNELSIDE DR, SUITE 232 TAMPA, FL 33602 TITLE MGRM HACIENDA LOS ANGELES, INC. STRET ADDRESS CRY-57-2P ANTHONY, FL 32617 TITLE STRET ADDRESS CRY-57-2P ANTHONY, FL 32617 TITLE MAKE STRET ADDRESS CRY-57-2P ANTHONY, FL 32617 TITLE MAKE STRET ADDRESS CRY-57-2P ANTHONY FL 32617			nging its registered office	e or registered agent, or both, in the S	gate of Florida. I am familiar with, and accept
MANAGING MEMBERS/MANAGERS TITLE MGRM PRISA ENTERPRISES, INC. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33602 TITLE MGRM HACIENDA LOS ANGELES, INC. STREET ADDRESS CITY-ST-ZIP ANTHONY, FL 32617 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-STREET ADDRESS CITY-STRE	SIGNATURE.	Signature, typed or printed name of registered agent and the Mapplicable.	(NOTE, Registered Agent erg	mature required when reinstating)	DATE
TITLE MAME PRISA ENTERPRISES, INC. 1101 CHANNELSIDE DR, SUITE 232 TAMPA, FL 33602 TITLE MGRM HACIENDA LOS ANGELES, INC. 5TRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE STRET ADDRESS CITY-STRET ADDRESS CITY-STRET ADDRESS CITY-STRET ADDRESS CITY-	Ş	lling Fee is \$50.00 ue by May 1, 2006		UC 04/25	00000516213 9706-80239-017 50.00
NAME SITRET ADDRESS CRY-ST-ZIP TAMPA, FL 33602 TITLE MARE SITRET ADDRESS CRY-ST-ZIP TAMPA, FL 33602 TITLE MARE SITRET ADDRESS CRY-ST-ZIP TAMPA, FL 33602 MGRM HACIENDA LOS ANGELES, INC. 680 N.E. 105 LANE ANTHONY, FL 32617 TITLE NAME SITRET ADDRESS CRY-ST-ZIP TAMPA, FL 33602 MGRM HACIENDA LOS ANGELES, INC. SITRET ADDRESS CRY-ST-ZIP TAMPA, FL 33602 MGRM HACIENDA LOS ANGELES, INC. SITRET ADDRESS CRY-ST-ZIP TITLE NAME SITRET ADDRESS CRY-ST-ZIP TITLE TAMPA, FL 33602 TAM	9.	MANAGING MEMBERS/MANAGERS			
HAME SIREET ADDRESS GRO N.E. 105 LANE ANTHONY, FL 32617 ITTLE NAME SIREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE SIREET ADDRESS CITY-ST-ZIP ITTLE SIREET ADDRESS CITY-ST-ZIP ITTLE SIREET ADDRESS CITY-ST-ZIP ITTLE SIREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	PRISA ENTERPRISES, INC. 1101 CHANNELSIDE DR, SUITE 232		ı	
NAME STREET AODRESS GITY-ST-ZIP TIPLE NAME STREET AODRESS CITY-ST-ZIP TIPLE	NAME STREET ADDRESS	HACIENDA LOS ANGELES, INC. 680 N.E. 105 LANE	-	e.	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	NAME STREET ADDRESS	·		DO NO	T WRITE
	NAME STREET ADDRESS			IN THIS	SPACE
STREET ACCORESS CATY-ST-ZIP TITLE	NAME STREET ADDRESS CITY-ST-ZIP				

11. (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 it 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 808, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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

4-20,06

Caytime Phone #