


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L03000021760</b><br>1. Entity Name<br>THE COLONY PRESERVE, LLC |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>400 POST AVENUE<br>WESTBURY, NY 11590 US | Mailing Address<br>400 POST AVENUE<br>WESTBURY, NY 11590 US |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04292008No Chg-LLC

CR2E083 (12/07)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-0065352 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
|---|--|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>LEOPOLD, KORN & LEOPOLD, P.A.<br>20801 BISCAYNE BOULEVARD<br>SUITE 501<br>AVENTURA, FL 33180 |
|---|

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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>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b> | U000000941875<br>05/28/08-80124-009 138.75 |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MONTER, ELLIOT<br>400 POST AVE<br>WESTBURY, NY 11590  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GERALD, MONTER<br>400 POST AVE<br>WESTBURY, NY 11590  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MONTER, MARILYN<br>400 POST AVE<br>WESTBURY, NY 11590 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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IN THIS SPACE**

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 608, Florida Statutes.

|   |                |                     |
|---|----------------|---------------------|
| <b>SIGNATURE:</b>  | <b>4/30/08</b> | <b>516-337-4200</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE          | Date           | Daytime Phone #     |