

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-04-2004 90073 027 ****50.00

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DOCUMENT # L03000045041			
1. Entity Name COLONIAL ASSOCIATES, LLC			
Principal Place of Business 2222 COLONIAL DRIVE SUITE 100 FORT PIERCE, FL 34950		Mailing Address 2222 COLONIAL DRIVE SUITE 100 FORT PIERCE, FL 34950 US	
2. Principal Place of Business 2222 COLONIAL ROAD Suite, Apt. #, etc.		3. Mailing Address 2222 COLONIAL ROAD Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0028834		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DIBARTOLOMEO, GERALD A JR. 2222 COLONIAL DRIVE SUITE 200 FORT PIERCE, FL 34950		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2222 COLONIAL ROAD 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)			
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	MGR DIBARTOLOMEO, GERALD A JR. 2222 COLONIAL DRIVE, SUITE 200 FORT PIERCE, FL 34950 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIBARTOLOMEO, GERALD A JR. ☒ Change ☐ Addition 2222 COLONIAL ROAD, SUITE 200 FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DRISCOLL, MICHAEL J 2222 COLONIAL DRIVE, SUITE 200 FORT PIERCE, FL 34950 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2222 COLONIAL ROAD, SUITE 200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAYNES, LOUIS I 2222 COLONIAL DRIVE, SUITE 200 FORT PIERCE, FL 34950 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2222 COLONIAL ROAD, SUITE 200
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Date: 2/28/04 773-461-8833	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	