


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90139 002 \*\*\*\*50.00

<b>DOCUMENT # L03000045041</b> 1. Entity Name <b>COLONIAL ASSOCIATES, LLC</b>					
Principal Place of Business <b>2222 COLONIAL RD. SUITE 100 FORT PIERCE, FL 34950</b>			Mailing Address <b>2222 COLONIAL RD. SUITE 100 FORT PIERCE, FL 34950 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc. <b>SUITE 200</b>		3. Mailing Address  Suite, Apt. #, etc. <b>SUITE 200</b>			
City & State  		City & State  		4. FEI Number <b>65-0028834 20-0956126</b>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DIBARTOLOMEIO, GERALD A JR. 2222 COLONIAL RD SUITE 200 FORT PIERCE, FL 34950</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR DIBARTOLOMEIO, GERALD A JR 2222 COLONIAL RD STE 200 FORT PIERCE,, FL 34950</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR DRISCOLL, MICHAEL J. 2222 COLONIAL RD STE 200 FORT PIERCE,, FL 34950</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR HAYNES, LOUIS I 2222 COLONIAL RD STE 200 FORT PIERCE,, FL 34950</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u><i>Louis I. Haynes</i></u> <u>1/31/05 (772) 461-6040</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					