

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90058 026 ****50.00

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DOCUMENT # L03000045041 1. Entity Name COLONIAL ASSOCIATES, LLC					
Principal Place of Business 2222 COLONIAL RD. SUITE 200 FORT PIERCE, FL 34950			Mailing Address 2222 COLONIAL RD. SUITE 200 FORT PIERCE, FL 34950 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0956120	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DIBARTOLOMEO, GERALD A JR. 2222 COLONIAL RD SUITE 200 FORT PIERCE, FL 34950				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For Not Applicable	
SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIBARTOLOMEO, GERALD A JR		NAME		
STREET ADDRESS	2222 COLONIAL RD STE 200		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE,, FL 34950		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRISCOLL, MICHAEL J		NAME	2222 Colonial Rd. Ste 100	
STREET ADDRESS	2222 COLONIAL ROAD SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE,, FL 34950		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYNES, LOUIS I		NAME	1014 Trinidad Ave.	
STREET ADDRESS	2222 COLONIAL ROAD SUITE 100		STREET ADDRESS	Fort Pierce, FL 34982	
CITY-ST-ZIP	FORT PIERCE,, FL 34950		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: <u>Michael J Driscoll</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			1/6/2006 772-461-6040 <small>Date Daytime Phone #</small>		