# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 29, 2007 08:00 AM**
**Secretary of State**

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

01082007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
20-0956120
☐ 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 RD
SUITE 200
FORT PIERCE, FL 34950

**DO NOT WRITE IN THIS SPACE**

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) DATE

**Filing Fee is $50.00**
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | DIBARTOLOMEO, GERALD A JR |
| STREET ADDRESS | 2222 COLONIAL RD STE 200 |
| CITY-ST-ZIP | FORT PIERCE,, FL 34950 |
| TITLE | MGR |
| NAME | DRISCOLLI, MICHAEL J |
| STREET ADDRESS | 2222 COLONIAL RD SUITE 100 |
| CITY-ST-ZIP | FORT PIERCE,, FL 34950 |
| TITLE | MGR |
| NAME | HAYNES, LOUIS I |
| STREET ADDRESS | 1014 TRINIDAD AVE. |
| CITY-ST-ZIP | FORT PIERCE, FL 34982 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U000000607149
01/31/07-80025-021 50.00

**DO NOT WRITE 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.

**SIGNATURE:** [signature] 1/24/07 772-461-8833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #