# 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 | Mailing Address |
|---|---|
| 2222 COLONIAL RD.<br>SUITE 200<br>FORT PIERCE, FL 34950 | 2222 COLONIAL RD.<br>SUITE 200<br>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

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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 _____ DATE
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, 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 | |

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01/31/07-80025-021 50.00

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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: Gerald A DiBartolomeo 1/24/07 772-461-8833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #