

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90065 031 ***138.75

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02182008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-0956120

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIBARTOLOMEU, GERALD A JR.
2222 COLONIAL RD
SUITE 200
FORT PIERCE, FL 34950

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME DIBARTOLOMEU, GERALD A JR. ☐ Delete
STREET ADDRESS 2222 COLONIAL RD STE 200
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE MGR
NAME ~~DRISCOLL, MICHAEL J~~ ☐ Delete
STREET ADDRESS ~~2222 COLONIAL RD SUITE 100~~
CITY-ST-ZIP ~~FORT PIERCE, FL 34950~~

TITLE MGR
NAME HAYNES, LOUIS I ☐ Delete
STREET ADDRESS 1014 TRINIDAD AVE.
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Driscoll
STREET ADDRESS 1920 Wren Ave
CITY-ST-ZIP Fort Pierce, FL 34982

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Michael J Driscoll

2/18/08

772-461-1421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #