

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045041

FILED
Feb 02, 2009
Secretary of State

Entity Name: COLONIAL ASSOCIATES, LLC

Current Principal Place of Business:

2222 COLONIAL RD.
SUITE 200
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

2222 COLONIAL RD.
SUITE 200
FORT PIERCE, FL 34950 US

New Mailing Address:

FEI Number: 20-0956120 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DIBARTOLOMEO, GERALD A JR
Address: 2222 COLONIAL RD STE 200
City-St-Zip: FORT PIERCE,, FL 34950 US

Title: MGR () Delete
Name: DRISCOLLI, MICHAEL J
Address: 1920 WREN AVE
City-St-Zip: FORT PIERCE, FL 34982 US

Title: MGR () Delete
Name: HAYNES, LOUIS I
Address: 1014 TRINIDAD AVE.
City-St-Zip: FORT PIERCE, FL 34982 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: DRISCOLL, MICHAEL J
Address: 1920 WREN AVE
City-St-Zip: FORT PIERCE, FL 34982 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 MGR 02/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date