


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 29, 2005 08:00 AM
Secretary of State

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| DOCUMENT # L03000052629 1. Entity Name COLONY GARDENS PROFESSIONAL CENTER, L.L.C. |  |
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| Principal Place of Business 860 US HIGHWAY ONE SUITE 108 NORTH PALM BEACH, FL 33408 US | Mailing Address 310 ESPLANADE DRIVE SUITE 210 OXNARD, CA 93036 US |
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07052005No Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 20-0646983 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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6. Name and Address of Current Registered Agent

HILLEY, V. DONALD
860 US HIGHWAY ONE
SUITE 108
NORTH PALM BEACH, FL 33408

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FLORIDA INCOME INVESTORS, INC. 860 US HIGHWAY ONE, SUITE 108 NORTH PALM BEACH, FL 33408 |
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08/29/05-80006-009 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

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

8/12/05 805 604 2640
Date Daytime Phone #