


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000052629	
1. Entity Name COLONY GARDENS PROFESSIONAL CENTER, L.L.C.	
	
Principal Place of Business 12300 ALT. A1A PALM BEACH GARDENS, FL 33410 US	Mailing Address 1944 VENTURA BLVD. CAMARILLO, CA 93010 US



01082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0646983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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 _____

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

000000843748
03/12/08-80007-024 138.75

9. MANAGING MEMBERS/MANAGERS	
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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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.

William Downey

1-9-08

SIGNATURE: *William Downey* Attorney-in-Fact for Florida Income Investors, Inc.

(205) 604-2640

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

Date

Daytime Phone #