. 20	004 LIMITED LIAI AMENDED ANN	BILITY COM	PA! RT	NY'		•	FILE	, • .		
DOCUMENT # L03000052632 1. Entity Name WEST COLONIAL PARTNERS, LLC						O4 OC TALLAHA	FILE TIS PH S ARY OF STA SSEE, FLOR,	D . 5:03		
Principal Piace of Business 3490 WEST COLONIAL DRIVE ORLANDO, FL 32808		Mailing Address 2 SOUTH ORANGE AVE, 5TH FLOOR ORLANDO, FL 32801					OCE, FLOR,	TE OA IIII DIN NIN MA	ENERA (BILE 11 88	181 110 1 80 1
2. Principal Place of Business		3. Mailing Address 3490 W. Colonial Drive			<u>. </u>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				10122004	Chg-LLC	CR2E083	(10/03)	
City & State		Orlando, FL		:08	4. FEI N 20-		er 33268			olied For Applicable
Zip	Country	Zip 32808	Count			Certificate of Status Desired			.00 Addit	
	6. Name and Address of Current R	legistered Agent		Name		7. Name and	Address of New	Registered Age	ınt	
MCGINTY, A. EDWARD 101 EAST KENNEDY BLVD., SUITE 2800				Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, FL		,								
				City Zip Code						
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	ed office or	registere	ed agent, or bo	oth, in the State of		iliar with, a	ınd accept
SIGNATURE				<u> </u>						
	Signature, typed or printed name of registered agent ar	id titte if applicable. (NOTE	.: Registered	d Agent signatur	e required	when reinstating)		DATE		
	mended AR is \$50.00						Flori	ake check pay da Departmen		
9.	MANAGING MEMBERS/MANAGERS MGRM MGRM			E				S/CHANGES	1 Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	ORNSTEIN, MARK L 2 SOUTH ORANGE AVE, 5TH FL ORLANDO, FL 32801		NAM! STREE				3 0004 : 20/0401:		**50.	
TITLE NAME	MGRM WHITTAKER, DAN	☐ Delete	TITLE	1	Meml			ХŪ	Change	Addition
STREET ADDRESS CITY-ST-ZIP	2 SOUTH ORANGE AVE, 5TH FLOOR			EET ACDRESS -ST-ZIP	3490	ttaker,) W. Col ando, Fl	onial Dri	ive		
TITLE	MGRM	☐ Delete	TITLE	E	MGRI	M		XX	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	CHACONAS, GEORGE 2 SOUTH ORANGE AVE, 5TH FLOOR ORLANDO, FL 32801			eet address (-st-zip	349	conas, (0 W. Col ando, Fl	lonial Dr	ive		·
TITLE NAME Street Address City-St-Zip	MGRM MENCIA, JACK 2 SOUTH ORANGE AVE, 5TH FL ORLANDO, FL 32801	□ Delete OOR			MGRI Men- 349	M cia, Ja	ck lonial Dr	_	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete] Change	Addilion
TITLE NAME STREET ADDRESS (CITY-ST-ZIP		☐ Delete		1					Change	☐ Addition
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 cath; that I am a managing member or manager of the limited l'ability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes. SIGNATURE: 10 12 04 407-297-7777										
		SIGNING MANAGING MEMBER, MAI	NAGER, OR	AUTHORIZED	REPRESE	NTATIVE	Date	Dayo	me Phone #	