


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90097 033 ****50.00

20051968

DOCUMENT # L03000052632 1. Entity Name WEST COLONIAL PARTNERS, LLC					
Principal Place of Business 3490 WEST COLONIAL DRIVE ORLANDO, FL 32808			Mailing Address 3490 WEST COLONIAL DRIVE ORLANDO, FL 32808		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 22556 Suite, Apt. #, etc.			
City & State		City & State TAMPA, FL		4. FEI Number 20-0663268	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33622		Country USA		04292005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent MCGINTY, A. EDWARD 101 EAST KENNEDY BLVD., SUITE 2800 TAMPA, FL 33602				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHACONAS, GEORGE 3490 WEST COLONIAL DRIVE ORLANDO, FL 32808	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENCIA, JACK 3490 WEST COLONIAL DRIVE ORLANDO, FL 32808	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENCIA, JACK 3490 WEST COLONIAL DRIVE ORLANDO, FL 32808	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENCIA, JACK 3490 WEST COLONIAL DRIVE ORLANDO, FL 32808	<input type="checkbox"/> Delete			
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 608, Florida Statutes.					
SIGNATURE: <u>MGRM GEORGE CHACONAS</u> 07/29/05 813.254.9274					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					