FILED
Jun 16, 2005 8:00 am
Secretary of State
04-29-2005 90057 023 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000019745

1. Entity Name
COLONIAL COMMUNICATIONS, LLC

30009479

Principal Place of Business	Mailing Address
2200 NW CORPORATE BLVD, STE 401 BOCA RATON, FL 33431-7369	2200 NW CORPORATE BLVD, STE 401 BOCA RATON, FL 33431-7369

04082005 Chg-LLC CR2E083 (10/03)

	2. Principal Place of Business	3. Mailing Address
Street	515 E. Las Olas Boulevad	515 E. Las Olas Boulevard
Suite, Apt. #, etc.	Suite 1050	Suite 1050
City & State	Fort Lauderdale, FL	Fort Lauderdale, FL
Zip	33301	33301
Country	USA	USA

4. FEI Number 20-0992175 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HCRM CORP.
2200 NW CORPORATE BLVD, STE 401
BOCA RATON, FL 33431-7369

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Colonial Manager, Inc. 515 E. Las Olas Boulevard, Suite 1050 ~~Fort Lauderdale, FL 33301~~ ☐ Change ☐ Addition XXX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 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: Daniel E. Adache 4/18/05 954-524-0607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #