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Jun 16, 2005 8:00 am
Secretary of State

04-29-2005 90057 021 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000019748

1. Entity Name
COLONIAL PROJECT MANAGEMENT, LLC

30009480

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

04142005 Chg-LLC CR2E083 (10/03)

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

4. FEI Number 20-0992149 ☐ 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: MGR NAME: COLONIAL MANAGER, INC. STREET ADDRESS: 515 E. LAS OLAS, SUITE 1050 CITY-ST-ZIP: FORT LAUDERDALE, FL 33301	☐ Change XXX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [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 #