## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 18, 2005 8:00 am Secretary of State

01-18-2005 90180 045 \*\*\*\*50 00

Principal Place of Business 12651 MCGREGOR BLVD, 4-403 FORT MTRES, FU 33919    2. Principal Place of Business 2	DOCUMENT # L04000022901  1. Entity Name COLONIAL FOWLER PLAZA, LLC				80 045 ****50.00	)	
1,2651 MCRESOR BLVD, 4-403   1,2651 MCRESOR BLVD, 4-403   FORT MYERS, FL 33919	Principal Place of Business	Mailing Address	<del></del>	†			
2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  O112205 Chg. LLC CR2E083 (10/03)  City & State  City &	•	-	., 4-403	n o	•		
Suite, Apl. #, etc.  Suite, Apl. #, etc.  O112205 Chg-LLC CR2E683 (10/03)  City & State  City & State  City & State  City & State  Country  E. Country  E. Nerne and Address of Current Registered Agant  F. Nerne and Address of Current Registered Agant  F. Nerne and Address of New Registered Agant  Nerne  Street Address (P.O. Box Number is Not Acceptable)  F. December 1. Dece							
Suite, Apl. #, etc.  Suite, Apl. #, etc.  O112205 Chg-LLC CR2E683 (10/03)  City & State  City & State  City & State  City & State  Country  E. Country  E. Nerne and Address of Current Registered Agant  F. Nerne and Address of Current Registered Agant  F. Nerne and Address of New Registered Agant  Nerne  Street Address (P.O. Box Number is Not Acceptable)  F. December 1. Dece					<b>23/10</b> (1818   618  618   <b>32/1</b> 0   618	FI     1	
City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Size Against a Country  Size Address of New Registered Agent  7. Name and Address of New Registered Agent  COSTELLO, TRUMAN J ESQ 12670 NEW BRITTANY BLVD,, STE. 101  FORT MYERS, FL 33907  City  Size 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 diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familia	Principal Place of Business     3. Mailing Address						
Zip   Country   Zip   Country   Zip   Country   S. Conflicted of Status Desired   \$5.00 Additional For Required   \$5.00 Additional For Required Agent Address of New Registered Agent   \$7. Name and Address   \$7. Name and Address	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01122005 Chg-LLC	CR2E083 (10/03)		
S. Certificate of Status Desired   Fee Required   F	City & State					<del></del>	
Name	Zip Country	Zip	Country	5. Certificate of Status Desired		onal	
COSTELLO, TRUMAN J ESQ 12670 NEW BRITTANY BLVD., STE. 101 FORT MYERS, FL 33907  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 depent.  SIGNATURE  Filing Fee is \$50.00  Due by May 1, 2005  Make check payable to Florida Department of State  9. Managing MEMBERS/MANAGERS  ITILE  MARE ADDITIONS/CHANGES  SIRET ADDRESS  CITY-ST-2P  TITLE  MARE  MARE  MARE  Delete  MILE  MARE  SIRET ADDRESS  CITY-ST-2P  TITLE  MARE  Delete  MILE  MARE  SIRET ADDRESS  CITY-ST-2P  TITLE  MARE  Delete  MILE  MARE  SIRET ADDRESS  CITY-ST-2P  TITLE  MARE  MARE  SIRET ADDRESS  CITY-ST-2P  TITLE  MARE  MARE  MARE  SIRET ADDRESS  CITY-ST-2P  TITLE  MARE  MARE  MARE  MARE  MARE  SIRET ADDRESS  CITY-ST-2P  TITLE  MARE	6: Name and Address of Current		7. Name and Address of New Re	gistered Agent			
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	COSTELLO TRUBANI LEGO		Name		- *		
ENRY MAYERS, FL 33907  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  Filing Foe is \$50,00  Due by May 1, 2005  9. MANAGING MEMBERS / MANAGERS  III.E  MALE  MANAGING MEMBERS / MANAGERS  III.E  MALE  JORIS J MCGregor Blvd 4 403  CITY-S1-ZB  III.E  JORIS J MCGregor Blvd 4 403  Addition  JORIS J MCGregor Blv			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
B. 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  SOSTANCE SOUTH SOUTH SOUTH STATE OF POWER AND ADDITIONS / CHANGES OF Florida Department of State  B. MANAGING MEMBERS/MANAGERS 10. ADDITIONS / CHANGES  CITY-S1-2P  TITLE MANE STREET ADDRESS CITY-S1-2P  TITLE MANE STREET ADDRESS CITY-S1-2P  TITLE MANE STREET ADDRESS CITY-S1-2P  TITLE MANAGERS CITY-S1							
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Superium, typed or protect name of registered upon and tally if applicable. (NOTE: Registered Apprix signature required whom reinstating)   DATE		r the purpose of changing its re	gistered office or regist	ered agent, or both, in the State of Flor	ida. I am familiar with, a	nd accept	
Superium, typed or protect name of registered upon and tally if applicable. (NOTE: Registered Apprix signature required whom reinstating)   DATE	SIGNATURE						
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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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dolto Dayling Phone #