

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 27, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90099 042 \*\*\*\*50.00

<b>DOCUMENT # L04000039202</b> 1. Entity Name <b>DRY CLEANING DEPOT RESTORATION SERVICES, LLC</b>					
Principal Place of Business 730 WEST BROWARD BLVD FORT LAUDERDALE, FL 33312 US				Mailing Address 730 WEST BROWARD BLVD FORT LAUDERDALE, FL 33312 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>DENBERG, ROBERT L</b> <b>730 WEST BROWARD BLVD</b> <b>FORT LAUDERDALE, FL 33312</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 re-registering) _____ DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>				<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>				<b>10. ADDITIONS / CHANGES</b>	
TITLE	MGR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLONY ACQUISITION CORP			NAME	
STREET ADDRESS	730 WEST BROWARD BLVD			STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33312			CITY - ST - ZIP	
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOLL, GEORGE H JR			NAME	
STREET ADDRESS	730 WEST BROWARD BLVD			STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33312			CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
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.					
<b>SIGNATURE:</b>				4-28-05 954-522-3660	
SIGNATURE AND TYPED OR PRINTED NAME OF SERVED-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					