√2007 LIMITED LIABILITY COMPANÝ

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DOCUMENT # L04000043819

COLONY LAKE DEVELOPMENT CO., LLC



Principal Place of Business

400 POST AVENUE WESTBURY, NY 11590 Mailing Address

400 POST AVENUE WESTBURY, NY 11590

US

FILED May 01, 2007 08:00 A Secretary of State



04252007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number		Applied For
	20-1239408		Not Applicable
5.	Certificate of Status Desired	\$5.00 Additional	

6. Name and Address of Current Registered Agent

LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BLVD. SUITE 501 AVENTURA, FL 33180

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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 acce				
the obligations of registered agent				
SIGNATURE				
Signature, typed or grinted 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, 2007

9.	9. MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTER, ELLIOT 400 POST AVENUE WESTBURY, NY 11590				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONTER, GÉRALD 400 POST AVENUE WESTBURY, NY 11590				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONTER, MARILYN 400 POST AVENUE WESTBURY, NY 11590				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11 I hereby certify that the information supplied with this filling does not qualify for the					

U00000751015 05/18/07-80087-005 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGN	ATURE:
SIGIN	AIONE.

MRILYN

Date

Daytime Phone #