

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90054 029 ****50.00

DOCUMENT # L04000065491 1. Entity Name COLONIAL LAKES, LLC			
Principal Place of Business 20803 BISCAYNE BLVD. SUITE 301 AVENTURA, FL 33180		Mailing Address 16375 NE 18 AVENUE SUITE 304 NORTH MIAMI BEACH, FL 33162	
2. Principal Place of Business 16375 NE 18TH Suite, Apt. #, etc. AVE # 304		3. Mailing Address Suite, Apt. #, etc.	
City & State N. MIAMI BEACH		City & State	
Zip 33162		Country USA	
4. FEI Number 20-1712455		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARCUS, ALAN J 20803 BISCAYNE BLVD. SUITE 301 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name JOSE MARTIN SAFDIE Street Address (P.O. Box Number is Not Acceptable) 16375 NE 18TH AVE #304 City N. MIAMI BEACH (33162) State FL Zip Code USA	
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 03/08/05 <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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 MGRM SAFDIE, JOSE 16375 NE 18 AVENUE; SUITE 304 NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM DOLIA GONZALEZ 16375 NE 18TH AVE #304 N. MIAMI BEACH 33162 FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DAVID DICHI 19111 COLLINS AVE #2603 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:		03/08/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	