

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000082939

1. Entity Name

COLONIAL COURT INN, L.C.



Principal Place of Business

318 GULF BOULEVARD
INDIAN ROCKS BEACH, FL 33785 US

Mailing Address

316 10TH AVENUE
INDIAN ROCKS BEACH, FL 33785



01112006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2562257

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'CONNOR, PATRICK M ESQ.
1250 SOUTH BELCHER ROAD
LARGO, FL 33771

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME LABADIE, JAMES A
STREET ADDRESS 316 10TH AVENUE
CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785

TITLE MGRM
NAME LABADIE, LAURA I
STREET ADDRESS 316 10TH AVENUE
CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785

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U00000401609
02/02/06-80051-018 50.00

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

1-23-06 727/517-09