

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 18 AM 9:37



01082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2562257	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-inating)

DATE

**Filing Fee Is \$50.00
Due by May 1, 2007**

500085645985
01/23/07--01006--001 **\$50.00

9. MANAGING MEMBERS/MANAGERS

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

**DO NOT WRITE
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: *Laura I. Lasad* **LAURA I. LASAD, e** **1-8-07** **517-0902**