

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

04-11-2005 90105 001 ***150.00

DOCUMENT # L04000085476

1. Entity Name
COLONNADE ON COLLIER BLVD, LLC



Principal Place of Business
**2950 TAMiami TRAIL NORTH
SUITE 16
NAPLES, FL 34103 US**

Mailing Address
**2950 TAMiami TRAIL NORTH
SUITE 16
NAPLES, FL 34103 US**

30903276



04012005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2175949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOODMAN BREEN & GIBBS
3838 TAMiami TRAIL NORTH
SUITE 300
NAPLES, FL 34103**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**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 MGR ☐ Delete
NAME KYRITSIS, ATHINA L
STREET ADDRESS 2950 TAMiami TRAIL NORTH, SUITE 16
CITY - ST - ZIP NAPLES, FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE MGR ☐ Delete
NAME GOODMAN, KENNETH D
STREET ADDRESS 3838 TAMiami TRAIL NORTH, SUITE 300
CITY - ST - ZIP NAPLES, FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
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. 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, trustee, or authorized representative to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

5 April 05

Date

Daytime Phone #

239 649 4805