

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000294

Entity Name: COLONNADE GOLF VILLAS, LLC

FILED
May 05, 2006
Secretary of State

Current Principal Place of Business:

2950 TAMIAMI TRAIL NORTH
SUITE 16
NAPLES, FL 34103 US

Current Mailing Address:

2950 TAMIAMI TRAIL NORTH
SUITE 16
NAPLES, FL 34103 US

New Principal Place of Business:

3838 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES, FL 34103 US

New Mailing Address:

3838 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES, FL 34103 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GOODMAN BREEN & GIBBS
3838 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KYRITSIS, ATHINA L
Address: 2950 TAMIAMI TRAIL NORTH, #16
City-St-Zip: NAPLES, FL 34103 US

Title: MGR () Delete
Name: GOODMAN, KENNETH D
Address: 3838 TAMIAMI TRAIL NORTH, #300
City-St-Zip: NAPLES, FL 34103 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KENNETH D. GOODMAN

MGR

05/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date