



FILED  
Jun 15, 2007 8:00 am  
Secretary of State

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04-30-2007 90077 002 \*\*\*\*50.00

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

<b>DOCUMENT # L05000000741</b>			
1. Entity Name MYER COLONIAL INVESTMENTS, LLC			
Principal Place of Business 15660 SAN CARLOS BLVD. SUITE 32 FORT MYERS, FL 33908 US		Mailing Address 15660 SAN CARLOS BLVD. SUITE 32 FORT MYERS, FL 33908 US	
2. Principal Place of Business - No P.O. Box # 1430 ROYAL PALM SQ BLV		3. Mailing Address	
Suite, Apt. #, etc. 103		Suite, Apt. #, etc.	
City & State FORT MYERS, FL		City & State	
Zip	Country	Zip	Country
	Lee	33908	
4. FEI Number 14-513		Applied For Not Applicable	
5. Certificate of Status Desired 74-313-7059		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PARAMESWARAN, ARUN 15660 SAN CARLOS BLVD 32 FORT MYERS, FL 33908		7. Name and Address of New Registered Agent	
		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 _____ (NOTE: Registered Agent signature required when changing) Signature, typed or printed name of registered agent and title if applicable DATE			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARAMESWARAN, ARUN 15660 SAN CARLOS BLVD 32 FORT MYERS, FL 33908 <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
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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 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 806, Florida Statutes.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			