## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT** DOCUMENT # L05000036274 1. Entity Name COLONY PALM DEVELOPMENT CO., LLC Principal Place of Business Mailing Address **400 POST AVENUE 400 POST AVENUE** WESTBURY, NY 11590 WESTBURY, NY 11590

**FILED** May 01, 2008 08:00 Al Secretary of State



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04292008 No Cha-LLC CR2E083 (12/07)

4. FEI Number 20-2674849 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BLVD. **SUITE 501** AVENTURA, FL 33180

## DO NOT WRITE IN THIS SPACE

| 8 | <ol> <li>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,<br/>the obligations of registered agent,</li> </ol> | I am familiar with, and accept |
|---|---|--------------------------------|
| s | SIGNATURE   |                                |

(NOTE: Registered Agent signature required when reinstating)

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| After May | 1, 2008 |        |      |      | 5     |    |
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|   | 9.   | MANAGING MEMBERS/MANAGERS                                      |
|   | TITLE NAME STREET ADDRESS CITY-ST*ZIP          | MGR<br>MONTER, GERALD<br>400 POST AVENUE<br>WESTBURY, NY 11590 |
|   | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGR MONTER, ELLIOT 400 POST AVENUE WESTBURY, NY 11590          |
|   | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |
|   | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |
|   | TITLE<br>NAME<br>STREET ADDRESS<br>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 filling 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

7120 lo8

576-333-1200

Daytime Phone #