

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046791

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Entity Name:** COLONIAL DEVELOPMENT ENTERPRISES, LLC

**Current Principal Place of Business:**

3632 W CYPRESS STREET  
TAMPA, FL 33607 US

**New Principal Place of Business:**

5509 W GRAY STREET  
SUITE 201  
TAMPA, FL 33609 US

**Current Mailing Address:**

3632 W CYPRESS STREET  
TAMPA, FL 33607 US

**New Mailing Address:**

5509 W GRAY STREET  
SUITE 201  
TAMPA, FL 33609 US

**FEI Number:** 20-2825018

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EAST, CLARK D  
3632 W CYPRESS ST  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

EAST, CLARK D  
5509 W GRAY STREET  
SUITE 201  
TAMPA, FL 33609 US

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:** CLARK D EAST

04/27/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** EAST, CLARK D  
**Address:** 3632 W CYPRESS ST  
**City-St-Zip:** TAMPA, FL 33607 US

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** EAST, CLARK D  
**Address:** 5509 W GRAY STREET SUITE 201  
**City-St-Zip:** TAMPA, FL 33609 US

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:** CLARK D EAST

MGRM

04/27/2006

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