

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072528

FILED
Feb 15, 2007
Secretary of State

Entity Name: COLONIAL CAPITAL AND INSURANCE, LLC

Current Principal Place of Business:

770 PONCE DE LEON BLVD PENTHOUSE SUITE
CORAL GABLES, FL 33134

New Principal Place of Business:

5959 BLUE LAGOON DR
103
MIAMI, FL 33126

Current Mailing Address:

770 PONCE DE LEON BLVD PENTHOUSE SUITE
CORAL GABLES, FL 33134

New Mailing Address:

5959 BLUE LAGOON DR
103
MIAMI, FL 33126

FEI Number: 20-3713948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, MANUEL R
770 PONCE DE LEON BLVD
PENTHOUSE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ORTA, RAUL E
5959 BLUE LAGOON DR
SUITE 103
MIAMI, FL 33126 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: RAUL E ORTA

02/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ORTA, RAUL E
Address: 5959 BLUE LAGOON DRIVE, SUITE 103
City-St-Zip: MIAMI, FL 33126

Title: MGRM (X) Delete
Name: LOPEZ, MANUEL R
Address: 5959 BLUE LAGOON DRIVE, SUITE 103
City-St-Zip: MIAMI, FL 33126

Title: MGRM (X) Delete
Name: BALLADARES, JEANNINE I
Address: 5959 BLUE LAGOON DRIVE, SUITE 103
City-St-Zip: MIAMI, FL 33126

Title: MGRM (X) Delete
Name: LOPEZ-CALLEJA, O. RENE
Address: 5959 BLUE LAGOON DRIVE, SUITE 103
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

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

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

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: RAUL E ORTA

MGR

02/15/2007

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