

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072528

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** COLONIAL CAPITAL AND INSURANCE, LLC

**Current Principal Place of Business:**

5959 BLUE LAGOON DR  
103  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

5959 BLUE LAGOON DR  
103  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 20-3713948      **FEI Number Applied For ( )**      **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:**

**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:

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

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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

05/01/2008

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