

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000074359 1. Entity Name COLONY AT LAKE WORTH, LLC	
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Principal Place of Business 400 POST AVENUE WESTBURY, NY 11590 US	Mailing Address 400 POST AVENUE WESTBURY, NY 11590 US
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DO NOT WRITE IN THIS SPACE



04292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3254857	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 *12*
After May 1, 2008 Fee will be \$538.75

U00000941896
 05/28/08-80124-014 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONTER, ELLIOT 400 POST AVENUE WESTBURY, NY 11590
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONTER, GERALD 400 POST AVENUE WESTBURY, NY 11590
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 608, Florida Statutes.

SIGNATURE:  DATE: 4/30/08 DAYTIME PHONE #: 516-333-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #