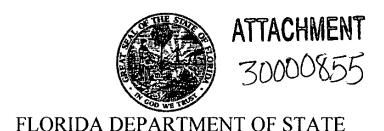
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 22, 2006 8:00 am Secretary of State

Principal Place of Business 5835 BLUE LAGOON DRIVE, SUITE 302 MIAMI, FL 33126 2. Principal Place of Business Suite, Apt. #, etc. City & State	Mailing Address 5835 BLUE LAGOON D MIAMI, FL 33126 3. Mailing Address Suite. Apt. #, etc. City & State	RIVE, SUITE 302	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		01062006 Chg-LLC CR2E083 (11/05)
			4 FEI Number Applied For Not Applied by Not Applied For
Zip Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address o	Current Registered Agent	Name	7. Name and Address of New Registered Agent
BAOLYRA, JOSE 300 GROVE PROFESSIONAL BI 2950 SW 27TH AVENUE MIAMI, FL 33133	JILDING		ess (P.O. Box Number is Not Acceptable)
10 pt 20 10 10 10 10 10 10 10 10 10 10 10 10 10		City	FL Zip Code
SIGNATURE Superiors of registered agent. Signature. Typed or prized reine of reg. Filling Fee is \$50,00 Due by May 1, 2008	OUTA sterred agent and tile if applicable. (NOTI	E: Registered Agent signature n	Make check payable to Florida Department of State
9. MANAQIN	G MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES
THLE NAME STREET ADDRESS CHY-ST-ZIP	☐ Delete	NAME JZ STREET ADDRESS 5' CITY-ST-ZIP	AGR DENOS Change MADDION DR. # 302
TILLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Defete	TITLE HAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addalion
indicated on this report is true and act firmited liability companyor the receive SIGNATURE:	oplied with this filing does not qualify for curate and that my signature shall have in or trustee empowered to execute this which was a supplemental to execute the state of the same of sections was against member, may	the same legal effect a report as required by (1/13/06



Division of Corporations

January 30, 2006

COLONIAL SUNSET CONDOS INVESTORS, LLC 5835 BLUE LAGOON DRIVE, SUITE 302 MIAMI, FL 33126

Subject: COLONIAL SUNSET CONDOS INVESTORS, LLC

Reference Number:

L05000088459

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION