

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089223

FILED  
Aug 09, 2007  
Secretary of State

**Entity Name:** COLONIAL BUSINESS CENTER, LLC.

**Current Principal Place of Business:**

14706 OSPREY POINT DR.  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

14706 OSPREY POINT DR.  
FORT MYERS, FL 33908 US

**New Mailing Address:**

**FEI Number:** 20-3471469      **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:**

GRAVINA, PETER J  
1833 HENDRY ST  
FORT MYERS, FL 33902 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: MGRM ( ) Delete  
Name: BAVAR, DAVE  
Address: 1966 GREENSPRING DR,SUITE 508  
City-St-Zip: TIMONIUM, MD 21093 US

Title: MGRM ( ) Delete  
Name: EARNHART, JOHN  
Address: 3535 INLAND EMPIRE BLVD.  
City-St-Zip: ONTARIO, CA 91764 US

Title: MGRM ( ) Delete  
Name: JOHNSTON, ROBERT  
Address: 14706 OSPREY POINT DR.  
City-St-Zip: FORT MYERS, FL 33908 US

**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:

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: ROBERT JOHNSTON

MGRM

08/09/2007

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