

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90198 001 \*\*\*\*50.00

**DOCUMENT # L06000042427**



1. Entity Name  
**COLONY PARK, LLC**

Principal Place of Business  
**411 COMMERCIAL COURT, SUITE E  
 VENICE, FL 34292**

Mailing Address  
**411 COMMERCIAL COURT, SUITE E  
 VENICE, FL 34292**

**60029450**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

**20-5023858**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BINGHAM, JAMES H  
 411 COMMERCIAL COURT, SUITE E  
 VENICE, FL 34292**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
 Due by May 1, 2007**

**Make check payable to  
 Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE **MGRM**  Delete  
 NAME **JAMES H. BINGHAM REVOCABLE TRUST OF 1994**  
 STREET ADDRESS **411 COMMERCIAL COURT, SUITE E**  
 CITY-ST-ZIP **VENICE, FL 34292**

TITLE **MGRM**  Delete  
 NAME **JERRY C. EVANS REVOCABLE TRUST, 7/15/97**  
 STREET ADDRESS **P.O. BOX 1685**  
 CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32170**

TITLE **MGRM**  Delete  
 NAME **ROBERT KURLANDER TRUST, DATED 6/1/93**  
 STREET ADDRESS **1500 WESTON ROAD, SUITE 203**  
 CITY-ST-ZIP **WESTON, FL 33326**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**10. ADDITIONS / CHANGES**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
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TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*3/20/07*

*941-488-0270*