


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90164 039 ***138.75

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



03262008 Chg-LLC CR2E083 (12/06)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES H. BINGHAM REVOCABLE TRUST OF 1994		NAME		
STREET ADDRESS	411 COMMERCIAL COURT, SUITE E		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY C. EVANS REVOCABLE TRUST, 7/15/97		NAME		
STREET ADDRESS	P.O. BOX 1685		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32170		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT KURLANDER TRUST, DATED 6/1/93		NAME	1230 Laurel Court	
STREET ADDRESS	1500 WESTON ROAD, SUITE 203		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  **JAMES H. BINGHAM** *4/16/08* *941-488-0270*

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