
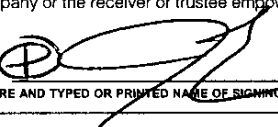


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 11, 2007 8:00 am**  
**Secretary of State**

09-11-2007 90039 001 \*\*\*100.00

|   |  |  |  |   |   |
|---|--|--|--|---|---|
| <b>DOCUMENT # L06000108691</b>  |  |  |  |  |   |
| <b>1. Entity Name</b><br>1665 COLONIAL AVENUE, LLC  |  |  |  |   |   |
| <b>Principal Place of Business</b><br>1665 COLONIAL AVENUE, LLC<br>FORT MYERS, FL 33919   |  |  | <b>Mailing Address</b><br>1665 COLONIAL AVENUE, LLC<br>FORT MYERS, FL 33919          |   |   |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>  |  |   |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |   |   |
| City & State  |  | City & State   |  |   |   |
| Zip   | Country  | Zip  | Country  | 07052007    Chg-LLC    CR2E083 (12/06)  |   |
| <b>4. FEI Number</b><br>20-586 6756   |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable                            |   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |  |  | <b>\$5.00 Additional Fee Required</b>   |   |
| <b>6. Name and Address of Current Registered Agent</b>  |  |  | <b>7. Name and Address of New Registered Agent</b>                                   |   |   |
| EASTERBROOK, JEFF<br>5245 CEDARBEND DRIVE<br>#1<br>FORT MYERS, FL 33919   |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL    Zip Code |   |   |
| <b>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.</b>  |  |  |  |   |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____  |  |  |  |   |   |
| <b>Filing Fees \$50.00</b><br><b>Due by September 14, 2007</b>  |  | <b>Make check payable to</b><br><b>Florida Department of State</b> |  |   |   |
| <b>9. MANAGING MEMBERS / MANAGERS</b>   |  |  | <b>10. ADDITIONS / CHANGES</b>   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGRM<br>EASTERBROOK, JEFF<br>5245 CEDARBEND DRIVE, #1<br>FORT MYERS, FL 33919                    | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGRM<br>HODGE, BRAD<br>PO BOX 12<br>TERRA CEIA, FL 34250   | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGRM<br>HERITAGE HOLDING OF TAMPA BAY CORP.<br>2552 1ST AVENUE NORTH<br>ST. PETERSBURG, FL 33713 | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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.</b> |  |  |  |   |   |
| <b>SIGNATURE</b>   |  | <b>JEFF EASTERBROOK</b>  |  | Date<br>9/6/07  | Daytime Phone #<br>941 928-8769                                   |