


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2008 8:00 am
Secretary of State


01-18-2008 90021 006 ***138.75

DOCUMENT # L06000108691 1. Entity Name 1665 COLONIAL AVENUE, LLC	
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Principal Place of Business 1665 COLONIAL AVENUE, LLC FORT MYERS, FL 33919	Mailing Address 1665 COLONIAL AVENUE, LLC FORT MYERS, FL 33919
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DO NOT WRITE IN THIS SPACE

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01042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5866756	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EASTERBROOK, JEFF
5245 CEDARBEND DRIVE
#1
FORT MYERS, FL 33919

*1665 Colonial Blvd
Fort Myers, FL
33907*

**DO NOT WRITE
IN THIS SPACE**

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: _____

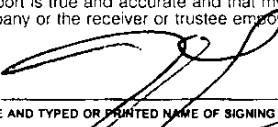
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EASTERBROOK, JEFF 5245 CEDARBEND DRIVE, #1 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HODGE, BRAD PO BOX 12 TERRA CEIA, FL 34250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERITAGE HOLDING OF TAMPA BAY CORP. 2552 1ST AVENUE NORTH ST. PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE**

Date: *1/15/08* Daytime Phone #: *941-928-8769*