


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



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

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.

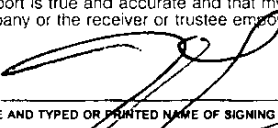
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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	

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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:  DATE: *1/15/08* DAYTIME PHONE #: *941-928-8769*

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