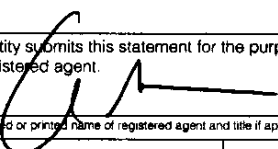
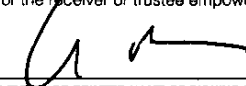


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-18-2008 90153 024 ***138.75

DOCUMENT # L07000070789 1. Entity Name COLONIAL LAND SERVICES, L.L.C.					
Principal Place of Business 1109 DELAWARE AVE. FT. PIERCE, FL 34950			Mailing Address 718 S.W. PORT ST. LUCIE BLVD., STE. 5 PORT ST. LUCIE, FL 34953		
2. Principal Place of Business - No P.O. Box # 718 SW Port St Lucie Blvd Suite, Apt. #, etc. 8		3. Mailing Address 718 SW Port St. Lucie Blvd Suite, Apt. #, etc. 8			
City & State Port St. Lucie, FL Zip 34953 Country St. Lucie		City & State Port St. Lucie, FL Zip 34953 Country St. Lucie		4. FEI Number 30-0433830 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				04012008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent MOORE, ALBERT 1109 DELAWARE AVE. FT. PIERCE, FL 34950			7. Name and Address of New Registered Agent Name Moore, Albert B Street Address (P.O. Box Number is Not Acceptable) 718 SW Port St. Lucie Blvd Suite 8 City Port St Lucie FL Zip Code 34953		
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  DATE 4-15-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOORE, ALBERT 1109 DELAWARE AVE. FT. PIERCE, FL 34950	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Moore, Albert B 718 SW Port St Lucie Blvd, Suite 8 Port St Lucie, FL 34953	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRUHN, JOHN 1109 DELAWARE AVE. FT. PIERCE, FL 34950	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bruhn, John D 718 SW Port St Lucie Blvd, Suite 8 Port St Lucie, FL 34953	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, WILLIAM B 1109 DELAWARE AVE. FT. PIERCE, FL 34950	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jones, William B 718 SW Port St. Lucie Blvd, Suite 8 Port St Lucie, FL 34953	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Core, Anthony L 718 SW Port St Lucie Blvd, Suite 8 Port St Lucie, FL 34953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Core, Anthony L 718 SW Port St Lucie Blvd, Suite 8 Port St Lucie, FL 34953	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Core, Anthony L 718 SW Port St Lucie Blvd, Suite 8 Port St Lucie, FL 34953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Core, Anthony L 718 SW Port St Lucie Blvd, Suite 8 Port St Lucie, FL 34953	☐ Change ☐ Addition
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 4-15-08 TIME 7:28-8325		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					