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	Mailing Address
1109 DELAWARE AVE. FT. PIERCE, FL 34950	718 S.W. PORT ST. LUCIE BLVD., STE. 5 PORT ST. LUCIE, FL 34953

04012008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
718 SW Port St Lucie Blvd	718 SW Port St. Lucie Blvd
Suite, ~~Apt. #, etc.~~ 8	Suite, ~~Apt. #, etc.~~ 8
City & State: Port St. Lucie, Fl	City & State: Port St. Lucie, Fl
Zip: 34953 Country: St. Lucie	Zip: 34953 Country: St. Lucie

4. FEI Number 30-0433830 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOORE, ALBERT 1109 DELAWARE AVE. FT. PIERCE, FL 34950	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 _____ 4-15-08
Signature, typed or printed name of registered agent and title if applicable. (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

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 P 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		☐ 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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: _____ 4-15-08 772-878-8325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #