

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000070378

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Entity Name:** COLONIAL FRONTAGE, LLC

**Current Principal Place of Business:**

1642 MEDICAL LANE, SUITE B  
C/O THE WEINER COMPANIES, INC.  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

1642 MEDICAL LANE, SUITE B  
C/O THE WEINER COMPANIES, INC.  
FORT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 27-3990908

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FREEMAN, MARK  
3350 N. KEY DRIVE  
#102A  
NORTH FORT MYERS, FL 33903 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FREEMAN, MARK  
Address: 3350 N. KEY DRIVE, #102A  
City-St-Zip: N. FORT MYERS, FL 33903

Title: MGR  
Name: WEINER, KENNETH A  
Address: 1642 MEDICAL LANE, SUITE B  
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MARK FREEMAN

MGR

01/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date