subject to	a \$ 40	May 1, 1999 o	Ε						1.0	
ANNUAL REPORT				FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State					1. R3 (15	
1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee							99 MAY -	99 MAY -5 PH 3: 1:1		
\$ 188.75	Mal	ce Check Payable	To: FLORI	DA DEPAR	n Supp TMEN	COF STATE			In L	
Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002208								TALLADA SOLL ELORIDA		
COLONIAL GOLDENROD, L.C. 1030 W. INT'L SPEEDWAY BLVD. DAYTONA BEACH FL 32114							1030 W. INT'L SPEEDWAY BLVD. DAYTONA BEACH FL 32114			
2 Principal Place of Business			2a. Mailir	2a. Mailing Address			3. Date Organize	ed or Qualified	3a. State of Formation	
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.			10/09/1998 FI. Applied For			
City & State			City & Sta	City & State			59, 3217799 5. Date of Last Report		Not Applicable  6. Certificate of Status Desired	
Ζφ		Country	Zip		Count		1		\$8.75 Additional Fee Required	
	Agent		Name	. Name and Addres	s of New Regis	stered Agent/Office				
FILINGS, INC. 3732 NORTHWEST 16TH STREET FORT LAUDERDALE FL 33311				Su		Suite, Apt #, é	Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt #, etc			
<b></b>				<del></del>		City	<u></u>	** <b>F</b> L	94.37 ****94.37	
its registered o	office or regi	ions of Sections 608.4 stered agent, or both, in accept the obligations	16 and 608.508 the State of Flo	, Florida Statut rida. Such char	es, the a nge was a	bove-named limit authorized by affire	ed liability company s mative vote of a majorit	ubmits this state by of the membe	ement for the purpose of changing rs. Thereby accept the appointment	
SIGNATURE		(Registered Ages) All regis	ng Approximent, (I	ede Bey beed A	pod se pod s	nana selama nees		DATE ,		
10. Trile	10. Title Managing Members/Managers			<del></del>			City, State and Zip Code		, State and Zip Code	
MGRM I	JICHTI	GMAN, CHAI	RLES S	1030	w. I	NT'L SP	EEDWAY BLA	DAYTO	NA BEACH FL	
							<b>1</b> C	-05/2	18875515 6/9301091006 *94.38 *****94.38	
Indicated on t	this annual r y company o	eport is true and accura or the receiver or truste	ate and that my	signature shall	have the	e same legal eftec	it as if made under oat	h, that I am a m	Hurther certify that the information anaging member or manager of the name appears in Block 10, or on an arms.	
SIGNA	TURE		<del>- Lu</del>	TIME OF THE PUBLICATION	, 130 (A)	Lety HOLENS	a)	2/18/	99 904238360	