DOCUMENT # L9900003284 1. Entity Name Colony Investments, L.L.C.					FILED 03 NOV -4 AM 18:00 SECRETARY OF STATE			
i i	DO NOT WRITE	, · · · · · · · · · · · · · · · · · · ·		E	TA	LLAHASSEE	-, FLORIL	A
2. Principal Place of Business 2201 NW 30th Place Suite, Apt. #, etc. Suite A		3. Mailing Address 2201 NW 30th Place Suite, Apt. #, etc. Suite A			DO NOT WRITE IN THIS SPACE			
City & Stat	· · · · · · · · · · · · · · · · · · ·	City & State Pompano Bea	ach, FL		4. FEI Number 59-3581141		-	Applied For Not Applicable
Zip 33069	Country USA	Zip 33069	Coun USA		5. Certificate of State	us Desired	<b>\$5.0</b>	Additional
	DO NOT W IN THIS SF			Street Address	7. Name and Address uli Corporate (P.O. Box Number is No Flagler Drive	Services,	Inc.	
	named entity submits this statement fo	: 		City West Pa	lm Beach		<b>FL</b> 3	Code 3401
INA ODIICAT	· · · · · · · · · · · · · · · · · · ·	or the purpose of changi	ing its registere	ed office or registe				
SIGNATURE -	tions of registered agent. Signature, typed or printed name of registered agent i		ing its registere	ed office or registe		08441		
SIGNATURE -	Signature, lyped or printed name of registered agent i	and title if applicable. Make Check P	FEEIS	\$50.00 orida Departme	11/84/63	08441		
SIGNATURE - 9. TITLE NAME STREET ADDRESS		and litte if applicable. Make Check P RS/MANAGERS	FEE IS ayable to Fi DUE BY TITLE NAME STRE	\$50.00 orida Departme /MAY	11/84/63	08441		4 283.75
SIGNATURE - 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent of MANAGING MEMBE Manager Alnajjar, Nader 2201 NW 30th Place, St	and the # applicable. Make Check P IRS/MANAGERS uite A 69 uite A	PEES 2yable to FI DUE BY TITLE NAME STRE CITY TITLE NAME STRE	S50,00 orida Departme MAYa E E E E tadoress -st-zip	11/84/63	08441		<b>4</b> 283. 75
-	MANAGING MEMBE Manager Alnajjar, Nader 2201 NW 30th Place, S: Pompano Beach, FL 330 Manager Chaleff, Lawrence N. 2201 NW 30th Place, Si	and the # applicable. Make Check P FRS/MANAGERS uite A 69 uite A	FEE IS ayable to FI DUE BY TITLE NAME STRE CITY TITLE NAME STRE CITY TITLE NAME STRE	S50,00 orida Departme / MAYa /	ent of State	08441		4 283.75
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