

2000 UNIFORM BUSINESS REPORT (UBR)

0011299 AF

DOCUMENT # L99000005164

1. Entity Name
COLONY PLAZA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -9 AM 10:14



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3960 VIA DEL REY
BONITA SPRINGS FL 34134

Mailing Address
3960 VIA DEL REY
BONITA SPRINGS FL 34134-7556

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3598058

Applied For
 Not Applicable

Zip Country

Zip Country

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

CONROY, J. THOMAS III
3838 TAMiami TRAIL NORTH
SUITE 402
NAPLES FL 34103

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM
STREET ADDRESS LELAND PROFESSIONAL CENTER, INC.
CITY-ST-ZIP 4201 GULF SHORE BLVD., SUITE 802
NAPLES FL 34103

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
600003140156--3
-02/18/00--01088--012
*****50.00 *****50.00

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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CITY-ST-ZIP
M 2/16/00

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Date: 2/7/00 Daytime Phone #: 941-947-8080

CR2E083 (9/99)