

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90007 046 ****50.00

0020785

DOCUMENT # L99000005164

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

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

2. Principal Place of Business 3. Mailing Address
9130 Corsea del Fontana **9130 Corsea del Fontana**
 Suite, Apt. #, etc. Way Suite, Apt. #, etc. Way

City & State City & State
Naples, Florida **Naples, Florida**

Zip Country Zip Country
34109 **U.S.** **34109** **U.S.**

4. FEI Number Applied For
59-3598058 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Joseph E. D'Jamoos
 Street Address (P.O. Box Number is Not Acceptable)
9130 Corsea del Fontana Way
 City State Zip Code
Naples **FL** **34109**

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 **Joseph E. D'Jamoos** 4-18-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LELAND PROFESSIONAL CENTER, INC. 4201 GULF SHORE BLVD., SUITE 802 NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
9130 Corsea del Fontana Way Naples, Florida 34109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Member Rebecca Andrews 3960 Via Del Rey Bonita Springs, FL 34134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Joseph E. D'Jamoos** 4-18-02 941-596-2733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)