## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## May 03, 2006 8:00 am Secretary of State 05-03-2006 90035 010 \*\*\*\*50.00 DOCUMENT # L99000005164 COLONY PLAZA, L.L.C. 20043541 Principal Place of Business Mailing Address 9130 CORSEA DEL FONTANA WAY 9130 CORSEA DEL FONTANA WAY NAPLES, FL 34109 NAPLES, FL 34109 05012006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3598058 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent D'JAMOOS, JENNIFER DO NOT WRITE 9130 CORSEA DEL FONTANA WAY NAPLES, FL 34109 IN THIS SPACE 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. I am familiar with, and accept Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. TATLE LELAND PROFESSIONAL CENTER, INC. STREET ADDRESS 9130 CORSEA DEL FONTANA WAY CITY-ST-ZIP NAPLES, FL 34109 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 propowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGE G MEMBER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

Daytime Phone #