2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 11, 2005 8:00 am DOCUMENT # L99000007535 **Secretary of State** 1. Entity Name 02-11-2005 90137 023 \*\*\*\*50.00 122 COLONIAL LLC Mailing Address Principal Place of Business 120 E. COLONIAL ORLANDO FL 32801 120 E. COLONIAL ORLANDO FL 32801 **CUUIU∪™**∪ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/04) Applied For City & State City & State 4. FEI Number 59-3607865 Not Applicable \$5.00 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Charles J. Mitchell INTRASTATE REGISTERED AGENT CORP. Idress (PO. Box Number is Not Acceptable) 701 BRICKELL AVENUE, SUITE 3000 **MIAMI FL 33131** ose of changing is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this state the obligations of registered agen Signature, typed or printed name of registered agent ar OTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10 9. TITLE Change ■ Addition ☐ Delete HOOHLANDO ORLANDO, INC NAME STREET ADDRESS 120 E. COLONIAL STREET ADDRESS ORLANDO FL 32801 CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition MGR ☐ Defete THE RAY, LARRY T NAME NAME STREET ADDRESS 120 E. COLONIAL DR. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition MGR NAME MITCHELL, CHARLES J JR. STREET ADDRESS 120 E. COLONIAL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 Addition MGR ☐ Delete TITLE ☐ Change PIERCE, DAVID R NAME STREET ADDRESS 120 E. COLONIAL STREET ADDRESS CITY-ST-7IP ORLANDO FL 32801 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete HUCKEBA, JAMES C NAME 120 E. COLONIAL DR. STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-ZIP MGR ☐ Change ☐ Addition TITLE ☐ Delete **POWHATAN** NAME STREET ADDRESS 300 INTERSTATE NORTH PARKWAY STREET ADDRESS ATLANTA GA 30339 CITY-ST-7IP City-St-7IP 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 grustee employee to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

G NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAG

Date

Davtime Phone #

FILED