

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000007930

1. Entity Name
COLONIAL SQUARE PROPERTIES, LLC.



Principal Place of Business
124 SOUTH FLORIDA AVENUE
LAKELAND, FL 33801

Mailing Address
POST OFFICE BOX 8229
LAKELAND, FL 33802-8229

DO NOT WRITE IN THIS SPACE



05012006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3622038

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILPOT, BRIAN G
124 SOUTH FLORIDA AVENUE
LAKELAND, FL 33801

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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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
PHILPOT, SIDNEY
1245 FLORIDA AVE
LAKELAND, FL 33801

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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11. I hereby certify that the information supplied with this filing 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #