

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90998 001 ****50.00

DOCUMENT # M01000001093

1. Entity Name

COLONY HOMES, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
110 Londonderry Court

3. Mailing Address
10990 Wilshire Blvd.

Suite, Apt. #, etc.
Suite 136

Suite, Apt. #, etc.
7th Floor - TAX DEPT.

City & State
Woodstock, GA

City & State
Los Angeles, CA

4. FEI Number
58-1709468

Applied For
Not Applicable

Zip
30188

Country
USA

Zip
90024

Country
USA

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City Tallahassee

FL

Zip Code
32301

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.

Cynthia L. Harris
as its agent

SIGNATURE

Cynthia L. Harris

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

DATE

4/28/03

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager(Assistant Secretary) Cory F. Cohen
10990 Wilshire Bl., 7th Flr.,
Los Angeles, CA 90024

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IN THIS SPACE**

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:

Cory F. Cohen

Cory F. Cohen

4/21/03

(310) 231-4000

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

Date

Daytime Phone #

CR2E083B (12/02)