

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M03000000834**

1. Entity Name  
**COLONIAL GRAND, LLC**



Principal Place of Business  
**C/O GOLDBERG COMPANIES, INC.  
25101 CHAGRIN BLVD., SUITE 300  
BEACHWOOD, OH 44122**

Mailing Address  
**C/O GOLDBERG COMPANIES, INC.  
25101 CHAGRIN BLVD., SUITE 300  
BEACHWOOD, OH 44122**



04172006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**14-1873802**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
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  
GOLDBERG, LARRY  
25101 CHAGRIN BLVD., SUITE 300  
BEACHWOOD, OH 44122**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
GOLDBERG, JORDAN A  
25101 CHAGRIN BLVD., SUITE 300  
BEACHWOOD, OH 44122**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
BELL, ERIC  
25101 CHAGRIN BLVD., SUITE 300  
BEACHWOOD, OH 44122**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: X**

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

Date

**4/21/06**

Daytime Phone #

**216 831 6100**