


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

DOCUMENT # M03000000834 1. Entity Name COLONIAL GRAND, LLC	
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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
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04172006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 14-1873802	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

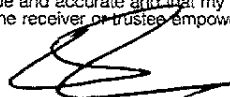
**Filing Fee is \$50.00  
 Due by May 1, 2006**

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

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U00000558230  
05/17/06-80088-004 50.00

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  DATE: 4/21/06 DAYTIME PHONE #: 216 831 6100

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