## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M03000000834

Entity Name
 COLONIAL GRAND, LLC



FILED May 04, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

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



01082007 No Chg-LLC

CR2E083 (11/05)

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, 2007 U00000751363			
9.	MANAGING MEMBERS/MANAGERS		U5/25/07-80053-006 50.00
TITLE	MGR	i i	
NAME	GOLDBERG, LARRY		
STREET ADDRESS	25101 CHAGRIN BLVD., SUITE 300		
CITY-SI-ZIP	BEACHWOOD, OH 44122	i	
TITLE	MGR		
NAME	GOLDBERG, JORDAN A		
STREET ADDRESS	25101 CHAGRIN BLVD., SUITE 300		
CITY-SI-ZIP	BEACHWOOD, OH 44122		•
TITLE	MGR		
NAME	BELL, ERIC		
STREET ADDRESS	25101 CHAGRIN BLVD., SUITE 300	l 50	NOT WOITE
CiTY-ST-ZIP	BEACHWOOD, OH 44122	סם ן	NOT WRITE
TITLE		INI '	THIS SPACE
NAME		I IIN	I III SPACE
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			

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: 1

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

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

4/27/07

Daytime Phone #