

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90114 038 \*\*\*\*50.00

20007409



01242005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # M04000002666</b> 1. Entity Name COLONY PARK FINANCIAL SERVICES, LLC					
Principal Place of Business 6301 S WESTSHORE BLVD., #1323 TAMPA, FL 33616				Mailing Address 6301 S WESTSHORE BLVD., #1323 TAMPA, FL 33616	
2. Principal Place of Business		3. Mailing Address 107 Colony Park Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 400			
City & State		City & State Cumming Ga.			
Zip	Country	Zip 30040	Country USA	4. FEI Number 58-2292987	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LESTER, LEWIS 106 COLONY PARK DR., STE 900 CUMMING, GA 30040	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, MICHAEL 106 COLONY PARK DR., STE 900 CUMMING, GA 30040	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, BRAD 106 COLONY PARK DR., STE 900 CUMMING, GA 30040	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Michael Brown</u> 1/24/05 770-232-7229					