

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000002323**

1. Entity Name  
**COLONIAL ONE ADVISORS, LLC**



Principal Place of Business  
**1750 REGAL ROW, STE 1010  
DALLAS, TX 75235**

Mailing Address  
**1750 REGAL ROW, STE 1010  
DALLAS, TX 75235**

**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-2751965**

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 terminating)

DATE \_\_\_\_\_

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

**U000000456134  
03/16/06-80016-013 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
GRAMLICH, CHRISTOPHER J  
1750 REGAL ROW, STE 1010  
DALLAS, TX 75235**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
GREEN, ERIC C  
1750 REGAL ROW, STE 120  
DALLAS, TX 75235**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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:** \_\_\_\_\_

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

**1/10/2006**

Date

**214-598-6600**

Daytime Phone #