2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 23, 2008 8:00 am Secretary of State

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DOCUMENT # M0700002620 1. Entity Name							04-23-2008 9	90129 0:	33 ***138	3.75
COLÓNIA		Y, LLC								
Principal Place of Business 2000 INTERSTATE PARK DRIVE, SUITE 400 MONTGOMERY, AL 36109			Mailing Address 2000 INTERSTATE PARK DRIVE, SUITE 400 MONTGOMERY, AL 36109		00		600274	68		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04172008	Chg-LLC	CR2E0	83 (12/06)	
City & State			City & State			4. FEI Number Applied For 20-8863142 Not Applicable				:
Zip	p Country		Zip Country			Certificate of Status Desired				
	6. Name a	and Address of Current R	tegistered Agent			7. Name and	Address of New R	egistered	Agent	
				Name						
C T CORPO 1200 SOUT PLANTATION	TH PINE IS	SLAND ROAD	Street Address (ddress (P.	O. Box Numbe	is Not Acceptable	e)		
				City			.,	FL	Zip Code	
	named entity ions of registe		the purpose of changing its	registered office o	r registered	d agent, or both	, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE										
JIGINATOTIE 2	Signature, typed o	r printed name of registered agent ar	nd title if applicable (NOTE	E: Registered Agent signat	ure required wh	hen reinstating)		DATE		
	NOWIII E									
•		EE IS \$138.75 ee will be \$538.75					Mak Florida		payable to sent of State	
9.			RS/MANAGERS	10.		1 1 1	Mak Florida	e check p Departm	payable to sent of State	
		ee will be \$538.75	RS/MANAGERS	10.		1 1 1 1	Mak Florida	e check p Departm	payable to sent of State	Addilion
9.	1, 2008 F	MANAGING MEMBER				, , ,	Mak Florida	e check p Departm	payable to sent of State	** ** ** ** ** ** ** ** ** ** ** ** **
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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 OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE

<u>4-17-08</u>

324-270-0038 Daytime Phone #