2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# L04000093686

Entity Name: COLSON 1 LLC

Current Principal Place of Business:

6793 PARK LANE
LAKE WORTH, FL 33467

New Principal Place of Business:

6793 PARK LANE EAST
LAKE WORTH, FL 33449

Current Mailing Address:

6793 PARK LANE
LAKE WORTH, FL 33467

New Mailing Address:

6793 PARK LANE EAST
LAKE WORTH, FL 33449

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLSON, KENNETH J
6793 PARK LANE E
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

COLSON, KENNETH J
6793 PARK LANE E
LAKE WORTH, FL 33449 US

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.

SIGNATURE: 04/23/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: COLSON, KENNETH J
Address: 6793 PARK LANE E
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM ( ) Delete
Name: COLSON, JOY A
Address: 6793 PARK LANE E
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: COLSON, KENNETH J
Address: 6793 PARK LANE E
City-St-Zip: LAKE WORTH, FL 33449

Title: MGRM (X) Change ( ) Addition
Name: COLSON, JOY A
Address: 6793 PARK LANE E
City-St-Zip: LAKE WORTH, FL 33449

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KENNETH COLSON MGRM 04/23/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date