

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093691

FILED
Mar 26, 2007
Secretary of State

Entity Name: COLSON 4 LLC

Current Principal Place of Business:

6793 PARK LANE
LAKE WORTH, FL 33467

New Principal Place of Business:

6793 PARK LANE E
LAKE WORTH, FL 33467

Current Mailing Address:

6793 PARK LANE
LAKE WORTH, FL 33467

New Mailing Address:

6793 PARK LANE E
LAKE WORTH, FL 33467

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
19203 NORTH CREEKSHORE COURT
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

COLSON, KENNETH J
6793 PARK LANE E
LAKE WORTH, FL 33467 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: _____ 03/26/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COLSON, KENNETH J
Address: 19203 NORTH CREEKSHORE COURT
City-St-Zip: BOCA RATON, FL 33498

Title: MGRM () Delete
Name: COLSON, JOY A
Address: 19203 NORTH CREEKSHORE COURT
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 03/26/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date