2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State
08-22-2006 90007 012 ****50.00

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1. Entity Name
OSBORNE MANAGEMENT LLC

Principal Place of Business	Mailing Address
3910 WEST OSBORNE AVE. TAMPA, FL 33614	~~3910 WEST OSBORNE AVE.~~ 1167 Beech ~~TAMPA, FL 33614~~ Yardley, PA 19067

DO NOT WRITE IN THIS SPACE

08092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3757553
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SAVAGE, MICHAEL F
3910 WEST OSBORNE AVE.
TAMPA, FL 33614

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	SAVAGE, MICHAEL
STREET ADDRESS	1167 BEECH COURT
CITY-ST-ZIP	YARDLEY, PA 19067
TITLE	VP
NAME	KORESKY, FRANK
STREET ADDRESS	59 LAKE DRIVE
CITY-ST-ZIP	HIGHTSTOWN, NJ 08520
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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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: Michael Savage 8/9/06 215-514-4163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #