

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2007 08:00 AM**  
**Secretary of State**

|                                                                            |                                                                                   |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L01000017972</b><br>1. Entity Name<br>OSBORNE MANAGEMENT LLC |  |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                          |                                                       |
|--------------------------------------------------------------------------|-------------------------------------------------------|
| Principal Place of Business<br>3910 WEST OSBORNE AVE.<br>TAMPA, FL 33614 | Mailing Address<br>1167 BEECH CT<br>YARDLEY, PA 19067 |
|--------------------------------------------------------------------------|-------------------------------------------------------|



01312007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                          |
|-----------------------------------------------------------|------------------------------------------|
| 4. FEI Number<br>59-3757553                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |

**6. Name and Address of Current Registered Agent**

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

**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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

|                                                |                                                               |
|------------------------------------------------|---------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SAVAGE, MICHAEL<br>1167 BEECH COURT<br>YARDLEY, PA 19067 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>KORESKY, FRANK<br>59 LAKE DRIVE<br>HIGHTSTOWN, NJ 08520 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               |

000000665003  
03/23/07-80007-007 50.00

**DO NOT WRITE  
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:** Michael Savage

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

3/7/07

Date

215-514-4163

Daytime Phone #