2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000017972

1. Entity Name **OSBORNE MANAGEMENT LLC**



FILED Apr 21, 2008 08:00 Al Secretary of State

Principal Place of Business

3910 WEST OSBORNE AVE. **TAMPA, FL 33614**

Mailing Address

1167 BEECH CT YARDLEY, PA 19067



DO NOT WRITE IN THIS SPACE

02042008 No Chg-LLC

CR2E083 (12/07)

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

DO NOT WRITE IN THIS SPACE

			THE CIACL
8. The above the obliga	named entity submits this statement for the purpose of cha tions of registered agent.	nging its registered office or registered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and little if applicable.	(NOTE, Registered Agent signature required when reinstating)	DAYE
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		000000911089 05/07/08-80028-003 138.75
9.	MANAGING MEMBERS/MANAGERS		
TITLE	P		
NAME	SAVAGE, MICHAEL	1	
STREET ADDRESS	1167 BEECH COURT	•	
CITY-ST-ZIP	YARDLEY, PA 19067	1	
TITLE	VP ·		
NAME	KORESKY, FRANK		
STREET ADDRESS	59 LAKE DRIVE		
CITY-ST-ZIP	HIGHTSTOWN, NJ 08520		
TITLE			
NAME			
STREET ADDRESS	,	l 50	NOT MOITE

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ITLE IAME TREET ADDRESS HTY-ST-ZIP	
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Hereby certify that the information supplied with this filing does not qualify for the ex- indicated on this report is true and accurate and that my signature shall have the san	emptions contained in Chapter 119, Florida Statutes. I further certify that the information

 and a second depoiled with this hing does not qualify for the exemptions contained in Chapter 115, Florida Statutes, I fulfiller certify that the fillottraport
indicated on this report is true and accurate and that my signature shall have the name local effect on if made water eath, that I am a manager want to a manager and the same ma
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.
and the state of t

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