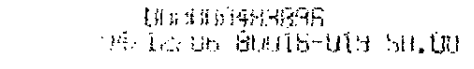
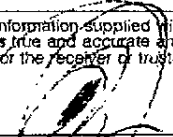


FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000027074 1. Entity Name COLBERT LANE, LLC				Secretary of State	
Principal Place of Business 62 EAST GRANADA BLVD. ORMOND BEACH, FL 32176		Mailing Address 62 EAST GRANADA BLVD. ORMOND BEACH, FL 32176			
DO NOT WRITE IN THIS SPACE				03242006No Chg-LLC CR2E083 (11/05)	
				4. FEI Number 04-3721005 Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PYLE, MICHAEL A 1265 WEST GRANADA BLVD. ORMOND BEACH, FL 32176				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 _____ Signatures, typed or printed name of agent and agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2006					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY ST ZIP		MGR VISCOMI, VINCE 62 E GRANADA BLVD ORMOND BEACH, FL 32176			
TITLE NAME STREET ADDRESS CITY ST ZIP		 DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY ST ZIP					
TITLE NAME STREET ADDRESS CITY ST ZIP					
TITLE NAME STREET ADDRESS CITY ST ZIP					
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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  Vince Viscomi 3/24/06 306 676-2789					