
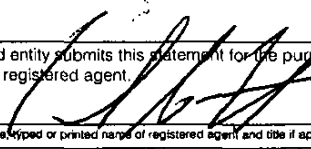
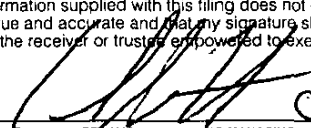


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90159 028 ****50.00

DOCUMENT # L03000009921 1. Entity Name KOLOMBANGARA LLC					
Principal Place of Business 1165 E. BLUE HERON BLVD. #A RIVIERA BEACH, FL 33404			Mailing Address 1165 E. BLUE HERON BLVD. #A RIVIERA BEACH, FL 33404		
2. Principal Place of Business - No P.O. Box # 1165 E. Blue Heron Blvd		3. Mailing Address 1165 E. Blue Heron Blvd.			
Suite, Apt. #, etc. Ste. K		Suite, Apt. #, etc. Ste. K			
City & State Riviera Beach, FL		City & State Riviera Beach, FL			
Zip 33404		Country Palm Beach		Zip 33404	
Country Palm Beach		Country Palm Beach			
4. FEI Number 80-0056489					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent FROST, CARL S 1165 E. BLUE HERON BLVD. #A RIVIERA BEACH, FL 33404					
7. Name and Address of New Registered Agent Name Frost, Carl S Street Address (P.O. Box Number is Not Acceptable) 1165 E. Blue Heron Blvd. Ste K Riviera Beach FL 33404					
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  CARL S FROST, Manager, 29 Jan 2007 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete FROST, CARL S 1165 E. BLUE HERON BLVD. #A RIVIERA BEACH, FL 33404				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete CORDEAU, DIANE 1165 E. BLUE HERON BLVD. #A RIVIERA BEACH, FL 33404				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1165 E. Blue Heron Blvd Ste K				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1165 E. Blue Heron Blvd. Ste K				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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:  CARL S FROST Manager 29 Jan 2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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