

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012029

FILED
Jan 09, 2008
Secretary of State

Entity Name: O.R. COLAN ASSOCIATES OF FLORIDA, LLC

Current Principal Place of Business:

439 N.E. 7TH AVENUE
FT. LAUDERDALE, FL 333011207

New Principal Place of Business:

Current Mailing Address:

439 N.E. 7TH AVENUE
FT. LAUDERDALE, FL 333011207

New Mailing Address:

FEI Number: 01-0780030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COLAN MUTH, CATHERINE
Address: 4201 N. OCEAN DRIVE; UNIT 206
City-St-Zip: HOLLYWOOD, FL 33019

Title: P () Delete
Name: AMMAR, KAREN S
Address: 1320 FUNSTON STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: VP () Delete
Name: MERRYMAN, ROBERT
Address: 31 TOPPING LANE
City-St-Zip: SAINT LOUIS, MO 63131

Title: VP () Delete
Name: ARMSTRONG, ALLEN
Address: 16203 WHITE CREEK GROVE
City-St-Zip: AUSTIN, TX 78717

Title: VP () Delete
Name: NEELEY, VERNA A
Address: 12012 MISTY BROOK CT
City-St-Zip: TAMPA, FL 33635

Title: VP () Delete
Name: LONG, DEBORAH
Address: 29243 BIRDS EYE DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33543

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CATHERINE COLAN MUTH

MGRM

01/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date