2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024680

Entity Name: COLAUSON VENTURES, L.L.C.

FILED Apr 28, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2653 ELLIOT WAY #2 611 OCEANSIDE BLVD.
MELBOURNE, FL 32935 INDIALANTIC, FL 32903

Current Mailing Address: New Mailing Address:

2653 ELLIOT WAY #2 611 OCEANSIDE BLVD.
MELBOURNE, FL 32935 INDIALANTIC, FL 32903

FEI Number: 20-0092552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THE OFFICE OF DIRECTOR FOR COLAUSON OUTREA CH AND HIS SUCCESSORS, A CORPORATION SOLE 2653 ELLIOT WAY #2 MELBOURNE, FL 32935 US THE OFFICE OF DIRECTOR FOR COLAUSON OUTREA CH AND HIS SUCCESSORS, A CORPORATION SOLE 611 OCEANSIDE BLVD. INDIALANTIC, FL 32903 US

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: 04/28/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

MGRM () Delete Title: MGRM (X) Change () Addition

Name: THE OFFICE OF DIRECT, OR FO COLAUSON OUTREAC Name: THE OFFICE OF DIRECT, OR FO COLAUSON OUTREAC Address: 2653 ELLIOT WAY #2 Address: 611 OCEANSIDE BLVD.

ADDITIONS/CHANGES:

City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: INDIALANTIC, FL 32903

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name:WILSON, KYLEName:WILSON, KYLEAddress:2653 ELLIOT WAY #2Address:611 OCEANSIDE BLVD.City-St-Zip:MELBOURNE, FL 32935City-St-Zip:INDIALANTIC, FL 32903

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KYLE WILSON MGRM 04/28/2004