2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 23, 2006 08:00 AN Secretary of State

Principal Place of Business Add MSCS PARAGEON STEET ENGLEWOOD, FL 34295-1865 2. Principal Place of Business Sulfs, Apt. R. etc. Sulfs, Apt. R. etc. Sulfs, Apt. R. etc. O1172008 ChgLLC CR28038 (11/06) City 8 State Chy 8 State COLBURN, HARRY S JR Address of New Registered Agent T. Name and Addres	DOCUMENT # L03000041733 1. Entity Name COLBURN & COLBURN, L.L.C.					Secretary of State	
Sulle, ADI, II, etc. Sulle, ADI, II, etc. Sulle, ADI, II, etc. O1172008 Chg-LLC CR2E083 (11/05)	444 WEST DEARBORN STREET		PO BOX 1865				
City & State Country S. Country T. Name and Address of Naive Registered Agent T. Name and Address of Naive Registered Agent COLBURN, HARRY S. IR 444 WEST DEARBORN STREET Streat Address (P. O. Box Number is Not. Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code S. The above named entity submits this statement for the purpose of changing its registered dilicit or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the Obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the Obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the Obligations of registered agent. SIGNATURE Signature of registered agent. Signature of registered agent or better agent agent and bit specials. The ADDRESS of the National agent and bit specials. SIGNATURE Signature of registered agent. Make check payable to Florida Department of State Date MARRY MARRY S. R. MARRY S. S. Code Addition Make check payable to Florida Department of State Date Make check payable to Florida Department of State Date Make College of the National State Date Marry S. Da	2. Principal P	lace of Business	3. Mailing Address				
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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this saturment for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the both of Rorida Department of State FITTING THE	City & State		City & State				
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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 Signature, topod or printed name of inpessional agent and list it sportuals. OCPTE Registered Agent agentiar resulted while inhebiting) DATE Filling Fee Is \$50,00 Make check payable to Florida Department of State Printed Department of Stat	444 WEST	DEARBORN STREET		S	Street Address (F	P.O. Box Number is Not Acceptable)	
the obligations of registered agent. SIGNATURE Signature Signature Signature, speed or printed name of imposered agent and Rise if applicable. (PADTE Registered Agent algebiare required white interbating) DATE				-	Dity	FL Zip Code	
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SIGNATURE AND TYPED OR RINTED NAME OF SIGNING MANAGUG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #							