### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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## DOCUMENT # L03000041733

1. Entity Name

COLBURN & COLBURN, L.L.C.

Principal Place of Business

Mailing Address

444 WEST DEARBORN STREET ENGLEWOOD, FL 34295-1865 PO BOX 1865 ENGLEWOOD, FL 34295-1865

# FILED Feb 18, 2008 08:00 AM Secretary of State



02142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLBURN, HARRY S JR 444 WEST DEARBORN STREET ENGLEWOOD, FL 34295-1865

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<ol><li>The above named entity submits this statement for the purpose of changing the obligations of registered agent.</li></ol>	ng its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE		
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

000000830507 02/26/08-80087-003 138.75

MANAGING MEMBERS/MANAGERS 9. **MGRM** TITLE NAME COLBURN, HARRY S JR STREET ADDRESS 444 WEST DEARBORN STREET CITY-ST-ZIP ENGLEWOOD, FL 342951865 TITE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CUY-ST-7/P

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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: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MEMBER OR AUTHORIZED REPRESENTATIVE

2/14/2008 941-475-4600