

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90038 016 ****50.00

DOCUMENT # L03000049793
1. Entity Name
2820 East Colonial Drive, LLC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>7 Mayfield Street</u>	3. Mailing Address Suite, Apt. #, etc.
--	---

60032235
DO NOT WRITE IN THIS SPACE

City & State <u>Greenville, RI</u>	City & State	4. FEI Number <u>56-2421126</u>	Applied For Not Applicable
Zip <u>02828</u>	Country	Zip	Country

DO NOT WRITE IN THIS SPACE	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
City	FL	Zip Code

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 Edward Picard 3/09/07
Signature, typed or printed name of registered agent and title if applicable. DATE

FEB 15 \$30.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM Edward Picard 7 Mayfield Street Greenville, RI 02828-2917</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Edward Picard 3/09/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E0835 (12/02)