FILED
Mar 17, 2008 8:00 am
Secretary of State
02-13-2008 90061 026 ****50.00
03-17-2008 90263 038 ****88.75

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # L03000049793

1. Entity Name

2820 East Colonial Drive, LLC.

DO NOT WRITE IN THIS SPACE

60015263

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7 Mayfield Street	7 Mayfield Street
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Greenville, RI	City & State: Greenville, RI
Zip: 02828 Country:	Zip: 02828 Country:

4. FEI Number: 56-2421126 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Michael ~~A~~ PICARD

Street Address (P.O. Box Number is Not Acceptable): 7569 PARK SPRINGS CL.

City: ORLANDO FL Zip Code: 32835

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, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9.	MANAGING MEMBERS/MANAGERS
TITLE	Manager
NAME	Edward Picard
STREET ADDRESS	7 Mayfield Street
CITY-ST-ZIP	Greenville, RI 02828-2917
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E083B (12/02)

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 2/1/08

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #