

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90055 045 ****50.00

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1. Entity Name

OSBORN INVESTMENTS, L.L.C.



Principal Place of Business

15438 72ND DRIVE NORTH
PALM BEACH GARDENS, FL 33418

Mailing Address

15438 72ND DRIVE NORTH
PALM BEACH GARDENS, FL 33418

60000606



01092006No Chg-LLC

CR2E083 (11/05)

4. FEI Number **32-0120906**
NOT APPLICABLE

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHARLES, DANA F ESQ
DANA F. CHARLES, P.A.
~~200 GLADES RD, #2~~ **2799 NW 2nd Ave. Unit 113**
~~BOCA RATON, FL 33492~~ **Boca Raton FL, 33431**

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSBORN, ANDREA 15438 72ND DRIVE NORTH PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSBORN, BRETT 15438 72ND DRIVE NORTH PALM BEACH GARDENS, FL 33418
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**DO NOT WRITE
IN THIS SPACE**

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:

Andrea Osborn

1/9/06 561-575-5596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Telephone