

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000031877**

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**



01072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>32-0120906</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CHARLES, DANA F ESQ  
DANA F. CHARLES, P.A.  
2799 NW 2ND AVE UNIT 113  
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

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	OSBORN, ANDREA
STREET ADDRESS	15438 72ND DRIVE NORTH
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418

TITLE	MGRM
NAME	OSBORN, BRETT
STREET ADDRESS	15438 72ND DRIVE NORTH
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418

TITLE	
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CITY - ST - ZIP	

U00000917148  
05/13/08-80028-015 138.75

**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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date 4/19/08 Daytime Phone # \_\_\_\_\_