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Jan 27, 2006 8:00 am
Secretary of State
01-27-2006 90074 001 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000080684

1. Entity Name
COLMAN & ASSOCIATES, LLC

DEPARTMENT OF STATE 20003324

Principal Place of Business	Mailing Address
~~120 NW 53RD STREET~~ ~~FORT LAUDERDALE, FL 33309 US~~ 6307 S. Dixie Hwy West Palm Beach FL 33405	~~120 NW 53RD STREET~~ ~~FORT LAUDERDALE, FL 33309 US~~ 6307 S. Dixie Hwy FL 33405 West Palm Beach

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01182008 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1849931
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLMAN, MARC A
~~P O BOX 70171~~
~~FT. LAUDERDALE, FL 33307~~
6307 S. Dixie Hwy
West Palm Beach
FL 33405

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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: Marc Colman 1/24/06
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	MGRM
NAME	COLMAN, MARC
STREET ADDRESS	~~120 NW 53RD STREET~~ 6307 S. Dixie Hwy
CITY-ST-ZIP	~~FORT LAUDERDALE, FL 33309~~ West Palm Beach FL 33405
TITLE	MGR
NAME	COLMAN, CECILE
STREET ADDRESS	~~5310 NE 8TH AVE 14-B~~ 6307 S. Dixie Hwy
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334 West Palm Beach FL 33405
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	

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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: Marc Colman 1/24/06 954-536-6805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT 20003324
#D040000080684

Please update
information
where indicated
thanks