

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045496

FILED
May 09, 2007
Secretary of State

Entity Name: COLSON, SAWYER & ASSOC, LLC

Current Principal Place of Business:

1560 SAWGRASS CORPORATE PARKWAY
4TH FLOOR
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1560 SAWGRASS CORPORATE PARKWAY
4TH FLOOR
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 65-0974228 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COLSON, V. ARMAND
1560 SAWGRASS CORPORATE PARKWAY
4TH FLOOR
SUNRISE, FL 33323 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COLSON, V. ARMAND
Address: 1560 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: MGR () Delete
Name: SAWYER, GREGORY R
Address: 2208 MARGARET DRIVE
City-St-Zip: VIRGINA BEACH, VA 23456

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: SAWYER, GREGORY R
Address: 1560 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: V. ARMAND COLSON

MR.

05/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date