2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000045868

1. Entity Name

OSBORNE CONTRACTING CONSULTING LLC



FILED Mar 22, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

325 SWEET BAY CIRCLE JUPITER, FL 3345B

325 SWEET BAY CIRCLE JUPITER, FL 33458



03202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2812979 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

OSBORNE, THOMAS D 325 SWEET BAY CIRCLE JUPITER, FL 33458

CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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, 2007			
9.	MANAGING MEMBERS/MANAGERS	I	
TITLE	MGR		
NAME	OSBORNE, THOMAS D		
STREET ADDRESS	325 SWEET BAY CIRCLE		U00000675490
CITY-ST-ZIP	JUPITER, FL 33458		03/30/07-80020-017 50.00
TITLE	MGR	,	antanta ponto ell de"en
NAME	OSBORNE, ELIZABETH J		
STREET ADDRESS	325 SWEET BAY CIRCLE		ĺ
CITY-ST-ZIP	JUPITER, FL 33458		
TITLE			
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11. I hereby certify that the information supplied with this filling 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 Jom Off

3/20/07 501-630-0020

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

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