
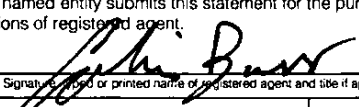
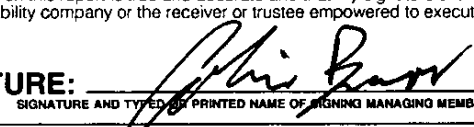


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

03-08-2007 90189 021 ****50.00

DOCUMENT # L06000013047 1. Entity Name COLIN BURR, LLC					
Principal Place of Business 6120 LINCOLN ST HOLLYWOOD, FL 33024 US			Mailing Address 1007 N FEDERAL HWY 130 FORT LAUDERDALE, FL 33304 US		
2. Principal Place of Business - No P.O. Box # 660 TENNIS CLUB DR		3. Mailing Address Suite, Apt. #, etc. 404			
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL		4. FEI Number 204254355	
Zip 33311		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BURR, COLIN D 6120 LINCOLN ST HOLLYWOOD, FL 33024			7. Name and Address of New Registered Agent Name BURR, COLIN D Street Address (P.O. Box Number is Not Acceptable) 660 TENNIS CLUB DR #404 City FORT LAUDERDALE FL Zip Code 33311		
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  COLIN BURR 4/6/07 <small>Signature of agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURR, COLIN D 6120 LINCOLN ST HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURR, COLIN D 660 TENNIS CLUB DR #404 FORT LAUDERDALE, FL 33311
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  COLIN BURR 4/6/07 954 808 1116 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					