2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# L08000008791

Entity Name: MITCHELL COLEBY LLC

Current Principal Place of Business:

3831 WEST VINE ST
THE OSCEOLA SQUARE MALL, STE 13
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

3831 WEST VINE ST
THE OSCEOLA SQUARE MALL, STE 13
KISSIMMEE, FL 34741 US

New Mailing Address:

FEI Number: 74-3249068 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEBY, ADAM R
2917 PEMBRIDGE STREET
KISSIMMEE, FL 34747 US

Name and Address of New Registered Agent:

COLEBY, ADAM R
2341 CARAVELLE CIRCLE
KISSIMMEE, FL 34746 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: 04/26/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: COLEBY, ADAM R
Address: 2917 PEMBRIDGE STREET
City-St-Zip: KISSIMMEE, FL 34747 US

Title: MGRM ( ) Delete
Name: COLEBY, FRANCES S
Address: 2917 PEMBRIDGE STREET
City-St-Zip: KISSIMMEE, FL 34747 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: COLEBY, ADAM R
Address: 2341 CARAVELLE CIRCLE
City-St-Zip: KISSIMMEE, FL 34746 US

Title: MGRM (X) Change ( ) Addition
Name: COLEBY, FRANCES S
Address: 2341 CARAVELLE CIRCLE
City-St-Zip: KISSIMMEE, FL 34746 US

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: ADAM COLEBY MGRM 04/26/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date