


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

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| DOCUMENT # L03000002578 1. Entity Name J.P. COLLINS AND COMPANY, L.L.C. |  |
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| Principal Place of Business 4390 SAINT ANDREWS DRIVE BOYNTON BEACH, FL 33436 | Mailing Address 4390 SAINT ANDREWS DRIVE BOYNTON BEACH, FL 33436 |
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03142008 No Chg-LLC

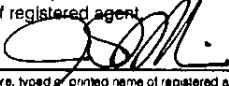
CR2E083 (12/07)

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| 4. FEI Number 56-2312671 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 8. Name and Address of Current Registered Agent COLLINS, JOHN P 4390 SAINT ANDREWS DR. BOYNTON BEACH, FL 33436 |
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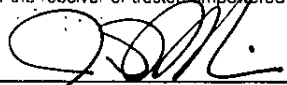
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | <u>4/2/08</u> <small>DATE</small> |

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 |
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| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR COLLINS, JOHN 4390 SAINT ANDREWS DRIVE BOYNTON BEACH, FL 33436 |
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| <p>U000000835747 04/18/08-00026-021 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <u>4/2/08</u> <small>Date</small> |