



**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90315 028 \*\*\*138.75

|  |   |                                 |  |   |                                   |
|--|---|---------------------------------|--|---|-----------------------------------|
| <b>DOCUMENT # L07000017286</b>   |   |                                 |  |  |                                   |
| 1. Entity Name<br><b>AMPROP HOLDINGS COLLIER COMMONS, LLC</b>  |   |                                 |  |   |                                   |
| Principal Place of Business<br><b>12950 RACE TRACK ROAD<br/>SUITE 201<br/>TAMPA, FL 33626 US</b>   |   |                                 | Mailing Address<br><b>12950 RACE TRACK ROAD<br/>SUITE 201<br/>TAMPA, FL 33626 US</b> |   |                                   |
| 2. Principal Place of Business - No P.O. Box #   |   |                                 | 3. Mailing Address   |   |                                   |
| Suite, Apt. #, etc.  |   |                                 | Suite, Apt. #, etc.  |   |                                   |
| City & State   |   |                                 | City & State   |   |                                   |
| Zip  |   | Country                         | Zip  |   | Country                           |
| 6. Name and Address of Current Registered Agent<br><b>SCHOESSLER, ERIC A<br/>12950 RACE TRACK ROAD<br/>SUITE 201<br/>TAMPA, FL 33626</b>   |   |                                 |  | 7. Name and Address of New Registered Agent                                       |                                   |
|  |   |                                 |  | Name  |                                   |
|  |   |                                 |  | Street Address (P.O. Box Number is Not Acceptable)                                |                                   |
|  |   |                                 |  | City  |                                   |
|  |   |                                 |  | <b>FL</b>   |                                   |
|  |   |                                 |  | Zip Code  |                                   |
| 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 _____ (NOTE: Registered Agent signature required when reissuing)   |   |                                 |  |   |                                   |
| DATE _____   |   |                                 |  |   |                                   |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |   |                                 | <b>Make check payable to<br/>Florida Department of State</b>                         |   |                                   |
| <b>9. MANAGING MEMBERS / MANAGERS</b>  |   |                                 | <b>10. ADDITIONS / CHANGES</b>   |   |                                   |
| TITLE  | <b>MGR</b>                              | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | <b>SCHOESSLER, ERIC A</b>               |                                 | NAME   |   |                                   |
| STREET ADDRESS   | <b>12950 RACE TRACK ROAD, SUITE 201</b> |                                 | STREET ADDRESS   |   |                                   |
| CITY - ST - ZIP  | <b>TAMPA, FL 33626</b>                  |                                 | CITY - ST - ZIP  |   |                                   |
| TITLE  |   | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |   |                                 | NAME   |   |                                   |
| STREET ADDRESS   |   |                                 | STREET ADDRESS   |   |                                   |
| CITY - ST - ZIP  |   |                                 | CITY - ST - ZIP  |   |                                   |
| TITLE  |   | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |   |                                 | NAME   |   |                                   |
| STREET ADDRESS   |   |                                 | STREET ADDRESS   |   |                                   |
| CITY - ST - ZIP  |   |                                 | CITY - ST - ZIP  |   |                                   |
| TITLE  |   | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |   |                                 | NAME   |   |                                   |
| STREET ADDRESS   |   |                                 | STREET ADDRESS   |   |                                   |
| CITY - ST - ZIP  |   |                                 | CITY - ST - ZIP  |   |                                   |
| TITLE  |   | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |   |                                 | NAME   |   |                                   |
| STREET ADDRESS   |   |                                 | STREET ADDRESS   |   |                                   |
| CITY - ST - ZIP  |   |                                 | CITY - ST - ZIP  |   |                                   |
| 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. |   |                                 |  |   |                                   |
| <b>SIGNATURE:</b>   |   |                                 | 4/1/08   |   |                                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |                                 | <small>Date</small>  |   |                                   |

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03242008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-8456016** Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required