

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 29 PM 4: 15

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000001016 COBERT C. COLLINS ENTERPRISES, L.L.C. 8233 GATOR LANE, BAYS 34 AND 36 WEST PALM BEACH FL 33411
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1a. Principal Place of Business Address 8233 GATOR LANE, BAYS 34 AND WEST PALM BEACH FL 33411

2. Principal Place of Business <u>8233 Gator Lane</u> Suite, Apt. #, etc.	2a. Mailing Address <u>To Robert C. Collins</u> Suite, Apt. #, etc. <u>879 E. Rambling Drive</u>	3. Date Organized or Qualified <u>07/10/1998</u>	3a. State of Formation <u>FL</u>
City & State <u>West Palm Beach, FL</u>	City & State <u>West Palm Beach, FL</u>	4. FEI Number <u>65-0871293</u>	☐ Applied For ☐ Not Applicable
Zip <u>33414-5011</u>	Country <u>U.S.A.</u>	5. Date of Last Report	6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent COLLINS, COBERT C 8233 GATOR LANE, BAYS 34 AND 36 WEST PALM BEACH FL 33411	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <u>FL</u> Zip Code <u>33411</u>
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when withdrawing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	COLLINS, COBERT C	879 EAST RAMBLING DRIVE	WEST PALM BEACH FL
MGRM	COLLINS, PENNY A	879 EAST RAMBLING DRIVE	WEST PALM BEACH FL
MGRM	COLLINS, MICHAEL L	833 EASTWIND DRIVE	WESTERVILLE OH

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****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: C. Collins 4/27/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date