


FILED
Mar 17, 2008 8:00 am
Secretary of State

02-18-2008 90072 007 ***138.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # M07000004185			
1. Entity Name COLLINS/EIGHTH LLC			
Principal Place of Business 2300 RUE EMILE BELANGER VILLE ST. LAURENT, QUEBEC CANADA H4R 3J9, XX		Mailing Address 2300 RUE EMILE BELANGER VILLE ST. LAURENT, QUEBEC CANADA H4R 3J9, XX	
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		7. Name and Address of New Registered Agent	
CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD., SUITE 1500 (MAR) MIAMI, FL 33131		Name Street Address (P.O. Box Number Is Not Acceptable) City FL 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		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME MGRM DAVALDOU US, INC	STREET ADDRESS 2300 RUE EMILE BELANGER VILLE ST. LAURENT, QUE, CANADA.	TITLE NAME	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS	TITLE NAME	STREET ADDRESS
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS	TITLE NAME	STREET ADDRESS
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS	TITLE NAME	STREET ADDRESS
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TITLE NAME	STREET ADDRESS	TITLE NAME	STREET ADDRESS
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS	TITLE NAME	STREET ADDRESS
<input type="checkbox"/> Delete		<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: <u>ROBERT RAVEN</u>		Date: <u>01/28/2008</u> (514) 747-2586	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

30002374



01282008 Chg-LLC CR2E083 (12/06)

4. FEL Number 980508183 Applied For Not Applicable

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