

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90038 018 ****50.00

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1. Entity Name

COLLINS PROPERTIES LLC

Principal Place of Business

9200 CHURCH STREET, STE. 400
DANIEL G. HAYES, ESQ.
MANASSAS VA 20110-5561

Mailing Address

9200 CHURCH STREET, STE. 400
DANIEL G. HAYES, ESQ.
MANASSAS VA 20110-5561



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 150262
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Zip

Country

City & State

Nashville TN

Zip

37215

Country

USA

4. FEI Number

56-2433815

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOHN, ROBERT M.
C/O COUNTRY LAKES LEASING OFFICE
6010 SHERWOOD GLEN WAY
WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME WILLINGHAM, BEN H III
STREET ADDRESS 9200 CHURCH STREET, STE. 400
CITY-ST-ZIP MANASSAS VA 20110-5561

TITLE MGR ☐ Delete
NAME HAYES, DANIEL G
STREET ADDRESS 9200 CHURCH STREET, STE. 400
CITY-ST-ZIP MANASSAS VA 20110-5561

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME PO Box 150262
STREET ADDRESS Nashville, TN. 37215
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME PO Box 755
STREET ADDRESS Mohegan Lake, NY 10547-0755
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-2-06

Date

615-480-4343

Daytime Phone #