

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000004930

Entity Name: COLLIER CENTER L.L.C.

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1300 POST ROAD EAST  
WESTPORT, CT 06880

**New Principal Place of Business:**

**Current Mailing Address:**

1300 POST ROAD EAST  
WESTPORT, CT 06880

**New Mailing Address:**

FEI Number: 59-3658525

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KLEBAN, ALBERT J  
4351 GULF SHORE BLVD. NORTH  
7N  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KLEBAN, ALBERT J  
Address: 4351 GULF SHORE BLVD.  
City-St-Zip: NAPLES, FL 34103

Title: MGR  
Name: AVALLON, PHIL  
Address: 1300 POST ROAD EAST  
City-St-Zip: WESTPORT, CT 06880

Title: MGR  
Name: MACARI, JOHN A  
Address: 1300 POST ROAD EAST  
City-St-Zip: WESTPORT, CT 06880

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ALBER J. KLEBAN

MEMB

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date