

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000005058

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: COLLINSWYATT FINANCIAL, LLC

Current Principal Place of Business:

184 EGLIN PARKWAY N.E., SUITE 8
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

438 LINCOLN AVE
VALPARAISO, FL 32580

Current Mailing Address:

184 EGLIN PARKWAY N.E., SUITE 8
FORT WALTON BEACH, FL 32548

New Mailing Address:

438 LINCOLN AVE
VALPARAISO, FL 32580

FEI Number: 59-3641950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WYATT, JAMES
184 EGLIN PARKWAY N.E., SUITE 8
FORT WALTON BEACH, FL 32548 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/MEMBERS:

Title: MGRM () Delete
Name: WYATT, JAMES
Address: 184 EGLIN PARKWAY N.E., SUITE 8
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGRM () Delete
Name: COLLINGS, MICHAEL
Address: 205 W. WACKER, SUITE 2333
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: COLLINS, MICHAEL
Address: 205 W. WACKER, SUITE 2333
City-St-Zip: CHICAGO, IL 60606

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: JAMES E. WYATT

MGRM

04/30/2002

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