2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Feb 18, 2004 8:00 am DOCUMENT # L01000004887 **Secretary of State** 1. Entity Name 02-18-2004 90099 019 ****50.00 COLLINS CONSTRUCTION & COMPANY, L.C. Principal Place of Business Mailing Address 320 DIVISION ST. AVE 320 DIVISION SAVE ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 3. Mailing Address Principal_Place of Business 20 DIVISION AUE Suite, Apt. #, etc. SUITE B Suite, Apt. #, etc. CR2E083 (11/03) City & State City & State 4. FEI Number Applied For Beach to 59-3708658 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name والمنافق والمحاج والمستعلق والمستعلق والمنافق COLLINS, JASON Street Address (P.O. Box Number is Not Acceptable) 12 MEADOW RIDGE VIEW ORMOND BEACH FL 32174 City Zip Code 8. The above named entity submits his 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 JASON COLLINIS (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME COLLINS, JASON NAME STREET ADDRESS 12 MEADOW RIDGE VIEW STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NARSE SCHAEUBLE, KURT NAME STREET ADDRESS 3 POINT PLACE STREET ADDRESS CITY-ST-ZIP PALM COAST FL 32164 CITY-ST-ZIP TITLE Delete MGR TITLE ☐ Change Addition NAME RODRIGUEZ, RAYMOND NAME STREET ADDRESS STREET ADDRESS 10618 KAIN CT CITY-ST-ZIP ORLANDO FL 32825 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I 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 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED

Date

Daytime Phone #