2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State
01-12-2005 90028 028 ****55.00

DOCUMENT # L01000004887

1. Entity Name
COLLINS CONSTRUCTION & COMPANY, L.C.

Principal Place of Business	Mailing Address
320 DIVISION ST. AVE STE B ORMOND BEACH, FL 32174	320 DIVISION ST. AVE ORMOND BEACH, FL 32174

200014?0

01052005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
320 Division Ave.	Same
Suite, Apt. #, etc. Suite B	Suite, Apt. #, etc.
City & State Ormond Beach, FL	City & State FL
Zip 32174 Country USA	Zip Country

4. FEI Number 59-3708658 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLLINS, JASON 12 MEADOW RIDGE VIEW ORMOND BEACH, FL 32174	Name Collins, Jason Street Address (P.O. Box Number is Not Acceptable) 5 Beagles Rest City Ormond Beach FL Zip Code 32174

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] - Jason Collins-President 1-10-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MGR~~ President COLLINS, JASON ~~12 MEADOW RIDGE VIEW~~ ~~ORMOND BEACH, FL 32174~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Collins, Jason 5 Beagles Rest Ormond Bch, FL 32174	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MGR~~ Vice President SCHAEUBLE, KURT ~~3 POINT PLACE~~ ~~PALM COAST, FL 32164~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kurt Schaeuble 2 Festiva @ Lionspaw Daytona Beach, FL 32117	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 1-10-05 386-615-1967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #