

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004887

FILED
Jan 15, 2008
Secretary of State

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

Current Principal Place of Business:

320 DIVISION AVE STE B
ORMOND BEACH, FL 32174

New Principal Place of Business:

400 CLYDE MORRIS BLVD.
SUITE B
ORMOND BEACH, FL 32174

Current Mailing Address:

320 DIVISION AVE STE B
ORMOND BEACH, FL 32174

New Mailing Address:

400 CLYDE MORRIS BLVD.
SUITE B
ORMOND BEACH, FL 32174

FEI Number: 59-3708658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, JASON
18 LITTLE TOMOKA WAY
ORMOND BEACH, FL 32174 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 () Delete
Name: COLLINS, JASON
Address: 18 LITTLE TOMOKA WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: SCHAEUBLE, KURT
Address: 6 STAGDON LOOK
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: RODRIGUEZ, RAYMOND
Address: 10618 KAIN COURT
City-St-Zip: ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JASON COLLINS

MGRM

01/15/2008

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