2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2005
Secretary of State

DOCUMENT# L01000006281

Entity Name: COLLIER INSURANCE AGENCY, LLC

Current Principal Place of Business:

2600 GOLDEN GATE PKWY.
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

2600 GOLDEN GATE PKWY
NAPLES, FL 34105

New Mailing Address:

FEI Number: 59-3716717 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARINELLI, PAUL J
2600 GOLDEN GATE PKWY.
NAPLES, FL 34105 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:	MGR	( ) Delete
Name:	BAIRD, DOUGLAS E	
Address:	2600 GOLDEN GATE PKWY	
City-St-Zip:	NAPLES, FL 34105	
Title:	MGR	( ) Delete
Name:	MARINELLI, PAUL J	
Address:	2600 GOLDEN GATE PKWY	
City-St-Zip:	NAPLES, FL 34105	
Title:	MGR	( ) Delete
Name:	BOAZ, BRADLEY A	
Address:	2600 GOLDEN GATE PKWY	
City-St-Zip:	NAPLES, FL 34105	

ADDITIONS/CHANGES:

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

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: PAUL J MARINELLI RA 04/05/2005

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