## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 29, 2005 08:00 AM Secretary of State **DOCUMENT # L01000017919** COLLIER PROPERTIES, LLC Principal Place of Business Mailing Address 7533 CORDOBA CIRCLE 7533 CORDOBA CIRCLE NAPLES, FL 34109 NAPLES, FL 34109 01102005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3750519 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE Barry, Richard 7533 CORDOBA CIR. NAPLES, FL. 34109 IN THIS SPACE 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, 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 9. MANAGING MEMBERS/MANAGERS MGRM TITLE BARRY, RICHARD NAME STREET ADDRESS 7533 CORDOBA CIRCLE CITY-ST-ZIP NAPLES, FL 34109 TITLE U00000341071 NAME 04/29/05-80001-004 55.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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: KI CHARD BARRY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGEMENTER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP

APRIL 26, 2005 239-272-5569

Daytime Phone #

**FILED**