



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L01000022411</b> 1. Entity Name <b>COLLINS MANAGEMENT LLC</b>						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">2007 MAY 18 P 2:12</div> <div style="font-size: 0.8em;">SECRETARY OF STATE FLORIDA</div> 	
Principal Place of Business <b>4141 N.E. 2ND AVE. SUITE 201 MIAMI, FL 33137</b>				Mailing Address <b>2665 S. BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133</b>			
2. Principal Place of Business - No P.O. Box # <b>2699 Collins Avenue</b>				3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State <b>Miami Beach, FL</b>				City & State			
Zip <b>33140</b>		Country <b>USA</b>		Zip		Country	
4. FEI Number <b>26-0014339</b>				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLINS, JAMES P 218 PALM AVENUE MIAMI BEACH, FL 33139			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Collins, James P. 2699 Collins Avenue Miami, Beach, FL 33140	
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. (305) 858-9900							
SIGNATURE: <u>Timothy D. Richards</u> <span style="float: right;">4/27/07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							