

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000019923 1. Entity Name COLLINS PLAZA, L.L.C.	
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Principal Place of Business 7301 HUNTERS POINT IMMOKALEE, FL 34142	Mailing Address 7301 HUNTERS POINT IMMOKALEE, FL 34142
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DO NOT WRITE IN THIS SPACE



02272008No Chg-LLC

CRZE083 (11/05)

4. FEI Number 02-0644709	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

O'QUINN, JAMES W
7301 HUNTERS POINT
IMMOKALEE, FL 34142

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

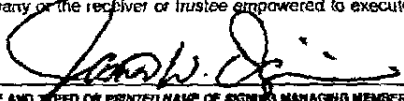
**Filing Fee is \$50.00
Due by May 1, 2006**

U000000499879
04/24/06-80048-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'QUINN, JAMES W 7301 HUNTERS POINT IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'QUINN, APRIL M 7301 HUNTERS POINT IMMOKALEE, FL 34142
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:  **03/06/06 (239) 657-3325**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #