

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 14, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90040 004 \*\*\*\*50.00

**DOCUMENT # L03000002578**



1. Entity Name  
**J.P. COLLINS AND COMPANY, L.L.C.**

Principal Place of Business  
**4390 SAINT ANDREWS DRIVE  
 BOYNTON BEACH, FL 33436**

Mailing Address  
**4390 SAINT ANDREWS DRIVE  
 BOYNTON BEACH, FL 33436**

**24001638**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
**56 2312671**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~NORDT, GREGORY M  
 100 WEST CYPRESS CREEK ROAD  
 SUITE 700  
 FT. LAUDERDALE, FL 33309~~

Name **John P. Collins**

Street Address (P.O. Box Number is Not Acceptable)

**4390 Saint Andrews Dr.**

City **Boynton Beach**

FL

Zip Code **33436**

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

**John P. Collins**

**1/12/04**

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, 2004**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR**  Delete  
 NAME **COLLINS, JOHN**  
 STREET ADDRESS **4390 SAINT ANDREWS DRIVE**  
 CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

**John P. Collins**

**1/12/04**

**561/374-7421**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #