


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L03000002578</b><br>1. Entity Name<br>J.P. COLLINS AND COMPANY, L.L.C. |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br>4390 SAINT ANDREWS DRIVE<br>BOYNTON BEACH, FL 33436 | Mailing Address<br>4390 SAINT ANDREWS DRIVE<br>BOYNTON BEACH, FL 33436 |
|--|--|



06302005No Chg-LLC      CR2E083 (10/03)

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|   |  |             |                |
|---|--|-------------|----------------|
| 4. FEI Number<br>56-2312671                               | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: 0.8em;">Applied For</td> </tr> <tr> <td style="font-size: 0.8em;">Not Applicable</td> </tr> </table> | Applied For | Not Applicable |
| Applied For   |  |             |                |
| Not Applicable  |  |             |                |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required  |             |                |

6. Name and Address of Current Registered Agent

COLLINS, JOHN P  
 4390 SAINT ANDREWS DR.  
 BOYNTON BEACH, FL 33436

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

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

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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**      **June 30, 2005**      **561/374-7421**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #