


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2006 08:00 AM
Secretary of State


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
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DO NOT WRITE IN THIS SPACE



07032006 No Chg-LLC CR2E083(11/05)

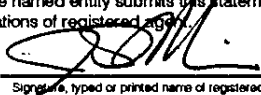
4. FEI Number 56-2312671	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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:  **John P. Collins** **7/3/06**
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 September 6, 2006**


9. MANAGING MEMBERS/MANAGERS

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

SIGNATURE:  **John P. Collins** **7/3/06** **561/374-7421**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #