


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000002578**

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



Principal Place of Business <b>4390 SAINT ANDREWS DRIVE          BOYNTON BEACH, FL 33436</b>	Mailing Address <b>4390 SAINT ANDREWS DRIVE          BOYNTON BEACH, FL 33436</b>
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**DO NOT WRITE IN THIS SPACE**



01042007No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>56-2312671</b>	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**

**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 reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

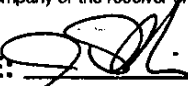
9. MANAGING MEMBERS/MANAGERS

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 606, Florida Statutes.

**SIGNATURE:**  **John P. Collins** **1/12/07** **561/374-7421**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #