


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000002578

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



Principal Place of Business Mailing Address

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

DO NOT WRITE IN THIS SPACE



03142008 No Chg-LLC CR2E083 (12/07)

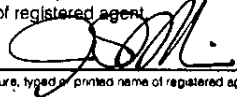
4. FEI Number 56-2312671.	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. 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  4/2/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

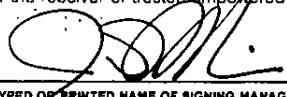
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLINS, JOHN 4390 SAINT ANDREWS DRIVE BOYNTON BEACH, FL 33436
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 04/18/08-80026-021 138.75

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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:  4/2/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #