

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90041 019 \*\*\*\*50.00

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<b>DOCUMENT # L03000006945</b> 1. Entity Name <b>COLLIER REAL ESTATE MANAGEMENT, LLC</b>					
Principal Place of Business <b>800 FAIRWAY DRIVE STE. 370 DEERFIELD BEACH, FL 33441</b>			Mailing Address <b>800 FAIRWAY DRIVE STE. 370 DEERFIELD BEACH, FL 33441</b>		
2. Principal Place of Business <b>2780 NE 48 CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>2780 NE 48 CT.</b> Suite, Apt. #, etc.			
City & State <b>Lighthouse Point, FL</b> Zip <b>33064</b>		City & State <b>Lighthouse Point, FL</b> Zip <b>33064</b>		4. FEI Number <b>14-1877032</b>	
Country <b>US</b>		Country <b>US.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COLLIER, DOUGLAS J 800 FAIRWAY DRIVE STE. 370 DEERFIELD BEACH, FL 33441</b>			7. Name and Address of New Registered Agent Name <b>Douglas J. Collier</b> Street Address (Box Number is Not Acceptable) <b>2780 NE 48 CT</b> City <b>Lighthouse Point FL</b> Zip Code <b>33064</b>		
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 <b>4/24/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM COLLIER, DOUGLAS J 800 FAIRWAY DR. #370 DEERFIELD BEACH, FL 33441</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Collier, Douglas J. 2780 NE 48 CT. Lighthouse Point, FL 33064</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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			Date <b>4/24/06</b> Daytime Phone # <b>954-494-9639</b>		