2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Mar 03, 2006 08:00 AM DOCUMENT # L03000007078 **Secretary of State** COLLIERS ROCKING BAR W RANCH AND HUNTING CLUB, L.L.C. Principal Place of Business Mailing Address 2750 NORTH LAKE REEDY 2750 NORTH LAKE REEDY FROSTPROOF FL 33843 FROSTPROOF FL 33843 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apl. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied Far 4. FEI Number NO-T APPLICABLE Not Applicable Zio Zio Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLLIER, DAULTON WAYNE Street Address (P.O. Box Number is Not Acceptable) 2750 NORTH LAKE REEDY FROSTPROOF FL 33843 City Zip Code 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. Signalute, typed or printed name of registered agent and title if applicable (NOTE Rugistered Agent signature required when revisibility) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TIKE MGR □ Delete Title ☐ Change Addition 🔲 NAME COLLIER, DAULTON W NAME U00000454791 STREET ADDRESS 2750 NORTH LAKE REEDY STREET ADDRESS 03/15/06-0002**9-013** 50.**00** CITY-ST-IP FROSTPROOF FL 33843 CITY-ST-ZIP KILE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CUTY-ST-ZIP HILE ☐ Delcte mu ☐ Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z# TITLE Delete Change ☐ Addition MAME NAME STREET ACCRESS STREET ADDRESS C(TY-ST-ZIP DITY-51-ZIP Delete DILE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-202 TSTLE ☐ Defete THE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS DITY-ST-700 CHY-ST-ZIP 11. (hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

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**FILED** 

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