

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008910

FILED
Mar 26, 2007
Secretary of State

Entity Name: COLLIER CITY APTS., L.L.C.

Current Principal Place of Business:

2900 E OAKLAND PARK BLVD
THIRD FLOOR
FORT LAUDERDALE, FL 33306

New Principal Place of Business:

Current Mailing Address:

2900 E OAKLAND PARK BLVD
THIRD FLOOR
FORT LAUDERDALE, FL 33306

New Mailing Address:

FEI Number: 03-0515661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'NEAL, PATRICK
2900 E OAKLAND PARK BLVD
THIRD FLOOR
FORT LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: O'NEAL, PATRICK
Address: 2900 E OAKLAND PARK BLVD FL 3
City-St-Zip: FORT LAUDERDALE, FL 33306 US

Title: MGR () Delete
Name: O'NEAL, GAYANN
Address: 2900 E OAKLAND PARK BLVD FL 3
City-St-Zip: FORT LAUDERDALE, FL 33306 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: O'NEAL, PATRICK
Address: 2900 E OAKLAND PARK BLVD FL 3
City-St-Zip: FORT LAUDERDALE, FL 33306 US

Title: MGRM (X) Change () Addition
Name: O'NEAL, GAYANN
Address: 2900 E OAKLAND PARK BLVD FL 3
City-St-Zip: FORT LAUDERDALE, FL 33306 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATRICK O'NEAL

MGRM

03/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date