2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State

07-16-2004 90140 018 ****50.00

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1. Entity Name
THE COLLINS 1202, L.L.C.

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34009748

Principal Place of Business	Mailing Address
2457 POINCIANA DR. WESTON, FL 33327	2457 POINCIANA DR. WESTON, FL 33327

06042004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
2711 Executive Park Dr		2711 Executive Park Dr.	
Suite, Apt. #, etc.: Suite # 4		Suite, Apt. #, etc.: Suite # 4	
City & State: Weston FL 33331		City & State: Weston - FL	
Zip: 33331	Country: USA	Zip: 33331	Country: USA.

4. FEI Number: 57-1161527 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SALVER, PAUL ESQ.
2721 EXECUTIVE PARK DR - SUITE 4
WESTON, FL 33331

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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.

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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President - Manager Edgar Perez - Jimenez 2457 Poinciana Dr. Weston - FL 33327 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 X Edgar ...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #