2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000015961

1. Entity Name
COLLECT JACKSONVILLE, LLC

ZUU1b/94

Principal Place of Business	Mailing Address
4237 SALISBURY ROAD SUITE 101 JACKSONVILLE, FL 32216 US	4237 SALISBURY ROAD SUITE 101 JACKSONVILLE, FL 32216 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

02022005   Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-1185919	Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHERR, HAROLD E ESQ 300 PRIMEARA BOULEVARD SUITE 356 LAKE MARY, FL 32746	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 _____

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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	IRA, STEVEN D		NAME			
STREET ADDRESS	300 PRIMEARA BOULEVARD, SUITE 356		STREET ADDRESS			
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP			
TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	IRA, STEPHANIE		NAME			
STREET ADDRESS	300 PRIMEARA BOULEVARD, SUITE 356		STREET ADDRESS			
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP			
TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	SCHERR, HAROLD E		NAME			
STREET ADDRESS	300 PRIMEARA BOULEVARD, SUITE 356		STREET ADDRESS			
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _____   Steven D Ira   407 995 3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #