

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90431 022 ****50.00

DOCUMENT # L03000015961
 1. Entity Name
 COLLECT JACKSONVILLE, LLC



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

Mailing Address
 4237 SALISBURY ROAD
 SUITE 101
 JACKSONVILLE, FL 32216 US

60030929

2. Principal Place of Business - No P.O. Box #
 4237 SALISBURY ROAD
 Suite, Apt. #, etc.
 SUITE 308
 City & State
 JACKSONVILLE, FL

3. Mailing Address
 4237 SALISBURY RD
 Suite, Apt. #, etc.
 SUITE 308
 City & State
 JACKSONVILLE, FL



02162007 Chg-LLC CR2E083 (12/06)

4. FEI Number
 65-1185919

5. Certificate of Status Desired \$5.00 Additional Fee Required

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

7. Name and Address of New Registered Agent
 Name
 SCHERR, HAROLD E ESQ
 Street Address (P.O. Box Number is Not Acceptable)
 300 PRIMEARA BLVD, STE 356
 1004 GREENWOOD BLVD, STE 328
 City LAKE MARY FL Zip Code 32746

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 3/28/07

(NOTE: Registered Agent signature required when reinstating)

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Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IRA, STEVEN D 300 PRIMEARA BOULEVARD, SUITE 356 LAKE MARY, FL 32746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IRA, STEPHANIE 300 PRIMEARA BOULEVARD, SUITE 356 LAKE MARY, FL 32746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHERR, HAROLD E 300 PRIMEARA BOULEVARD, SUITE 356 LAKE MARY, FL 32746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IRA, STEVEN D. 300 PRIMEARA BLVD, STE 356 LAKE MARY, FL 32746 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IRA, STEPHANIE 300 PRIMEARA BLVD, STE 356 LAKE MARY, FL 32746 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHERR, HAROLD E. 300 PRIMEARA BLVD, STE 356 LAKE MARY, FL 32746 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 3/28/07 DAYTIME PHONE # 407 995 3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE