2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# L03000015961

Entity Name: COLLECT JACKSONVILLE, LLC

Current Principal Place of Business:

4237 SALISBURY ROAD
SUITE 308
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

4237 SALISBURY ROAD
SUITE 308
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 65-1185919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHERR, HAROLD E ESQ
1064 GREENWOOD BLVD, SUITE 328
LAKE MARY, FL 32746 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:	MGRM	( ) Delete
Name:	IRA, STEVEN D	
Address:	1064 GREENWOOD BLVD, SUITE 328	
City-St-Zip:	LAKE MARY, FL 32746 US	
Title:	MGRM	( ) Delete
Name:	IRA, STEPHANIE	
Address:	1064 GREENWOOD BLVD, SUITE 328	
City-St-Zip:	LAKE MARY, FL 32746 US	
Title:	MGRM	( ) Delete
Name:	SCHERR, HAROLD E	
Address:	1064 GREENWOOD BLVD, SUITE 328	
City-St-Zip:	LAKE MARY, FL 32746 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN D. IRA MGRM 01/16/2009

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