

2007 LIMITED LIABILITY COMPANY. ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90278 002 ****50.00

DOCUMENT # L03000022288

1. Entity Name

COLLINS REAL ESTATE DEVELOPMENT, LLC



Principal Place of Business

P.O. BOX 844
LAKE LAND FL 33802
US

Mailing Address

P.O. BOX 844
LAKE LAND FL 33802
US



2. Principal Place of Business - No P.O. Box #

407 E. Bridgers Avenue

Suite, Apt. #, etc.

Auburndale, FL

City & State

33823

Zip

Country

3. Mailing Address

P. O. Box 366

Suite, Apt. #, etc.

Auburndale, FL

City & State

33823-0366

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

57-1205857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANCASTER, JOHN J
500 SOUTH FLORIDA AVENUE
SUITE 800
LAKE LAND FL 33801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME COLLINS, JOHN
STREET ADDRESS P.O. BOX 844
CITY-STATE-ZIP LAKE LAND FL 33802

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 407 E. Bridgers Avenue
CITY-STATE-ZIP Auburndale, FL 33823

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

02-14-2007

663 6589917

Date

Daytime Phone #