


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90121 012 ***138.75

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|---|---|--|---|---|--|
| DOCUMENT # L03000030328 | | | |  | |
| 1. Entity Name: NORTH COLLINS, LLC | | | | | |
| Principal Place of Business 210 71ST STREET STE. 309 MIAMI BEACH, FL 33141 | | | Mailing Address ONE FINANCIAL PLAZA SUITE 2001 FORT LAUDERDALE, FL 33394 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 210 71st Street | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 309 | | | |
| City & State | | City & State Miami Beach, FL | | 4. FEI Number 76-0739710 | |
| Zip | | Zip 33141 | | Country USA | |
| Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent PIOTRKOWSKI, JOEL S 317 71ST STREET MIAMI BEACH, FL 33141 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LED TRUST, LLC 210 71ST STREET STE. 309 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MUSSAFFI, ROY 210 71ST STREET STE. 309 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>Hanni</u> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |
| Date | | | | Daytime Phone # | |