


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-27-2005 90135 007 ****50.00

DOCUMENT # L03000038315					
1. Entity Name COLLINS STREET JUNCTION ANTIQUES & COLLECTIBLES LLC					
Principal Place of Business 117 N COLLINS ST PLANT CITY FL 33563-3311 US			Mailing Address P.O. BOX 1272 SAN ANTONIO FL 33576 US		
2. Principal Place of Business <i>same as above</i>			3. Mailing Address <i>117 N. Collins Street</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <i>Plant City, FL</i>		
Zip	Country	Zip	Country	4. FEI Number 20-0283080	
		<i>33563</i>	<i>USA</i>	Applied For Not Applicable	
5. Name and Address of Current Registered Agent VANCE, GRAY 1247 ASPEN LANE WAUCHULA FL 33873				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of New Registered Agent				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____					
<div style="text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEISCHER, ALMA		NAME		
STREET ADDRESS	P.O. BOX 1272		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO FL 33576		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEISCHER, ALFRED		NAME		
STREET ADDRESS	P.O. BOX 1272		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO FL 33576		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, VANCE		NAME		
STREET ADDRESS	1247 ASPEN LANE		STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL 33873		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANCE, BELVA		NAME		
STREET ADDRESS	1247 ASPEN LANE		STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL 33873		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, JACQUELYN		NAME		
STREET ADDRESS	5903 OLA N		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33604		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARMAN, JANET		NAME		
STREET ADDRESS	P.O. BOX		STREET ADDRESS		
CITY-ST-ZIP	INTERCESSION CITY FL 33848		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: <i>Janet S. Garman</i> - <i>Janet S. Garman</i> 5/1/05 407-319-4017					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					