## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Mar 29, 2006 8:00 am Secretary of State DOCUMENT # L03000038315 03-29-2006 90020 013 \*\*\*\*55.00 **COLLINS STREET JUNCTION ANTIQUES &** COLLECTIBLES LLC Principal Place of Business Mailing Address 117 N COLLINS ST 117 N COLLINS ST PLANT CITY, FL 33563-3311 US PLANT CITY, FL 33563-3311 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03252006 Cha-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-0283080 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VANCE, GRAY Street Address (P.O. Box Number is Not Acceptable) 1247 ASPEN LANE WAUCHULA, FL 33873 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE MGRM Delete TITLE ☐ Change Addition Kim Knights NAME FLEISCHER, ALMA NAME 15227 Merlington PL. P.O. BOX 1272 STREET ADDRESS STREET ADDRESS CITY-ST-7IP SAN ANTONIO, FL 33576 CITY-ST-ZIP Lithia F1 33547 MGRM MGRM TITLE Delete TITLE ☐ Change ☐ Addition Carolyn D. Sanchez NAME FLEISCHER, ALFRED STREET ADDRESS P.O. BOX 1272 1607 Knights Griffin Rd. Plant City F1 33565 STREET ADDRESS CITY-ST-7IP SAN ANTONIO, FL 33576 CITY-ST-ZIP MGRM TITLE MGRM ☐ Defete TITLE ☐ Change Addition GRAY, VANCE NAME Heather Sanchez STREET ADDRESS 1247 ASPEN LANE STREET ADDRESS 2201 N. Johnson st. CITY-ST-ZIP WAUCHULA, FL. 33873 CITY-ST-7IP Plant City Fl TITLE MGRM MGRM ☐ Delete TITLE ☐ Change Addition Deborah Sanchez NAME VANCE, BELVA NAME STREET ADDRESS 1247 ASPEN LANE STREET ADDRESS 2201 N. Johnson 3+ CITY-ST-ZIP WAUCHULA, FL 33873 CITY-ST-7IP TITLE MGRM MERM ☐ Delete TITLE ☐ Change Addition NAME PEREZ, JACQUELYN Ann L. Labudde NAME STREET ADDRESS 5903 OLA N STREET ADDRESS 5151 Shakespeare Pr CITY-ST-ZIP TAMPA, FL 33604 CITY-ST-ZIP TITLE **MGRM** ☐ Delete TITLE ☐ Change ✓ Addition NAME GARMAN, JANET NAME STREET ADDRESS P.O. BOX STREET ADDRESS INTERCESSION CITY, FL 33848 CITY-ST-ZIP 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.

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

FILED

Daytime Phone #

## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:
SIGNATURE AND TYPED OR PROFTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ATTACHMENT #103000038315

Daytime Phone #

	ANNOAL	REPORT			ŦL	DDU	$\mathcal{M}\mathcal{D}$	בו כצ			
DOCUMENT # L03000038315  1. Entity Name COLLINS STREET JUNCTION ANTIQUES & COLLECTIBLES LLC											
Principal Place of Business Mailing Address											
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2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02052006	Chg-LLC	; c	R2E083 (11	(05)	
City & State		City & State				4. FEI Numb 20-028				No	plied For Applicable
Zip	Country	Žip	Count	Country			of Status Des		Fee Re		
	6. Name and Address of Current F	Registered Agent	- 1	Alomo		7. Name and	Address of N	New Regist	tered Agent		
VANCE, G	RAY			Name							
VANCE, GRAY 1247 ASPEN LANE WAUCHULA, FL 33873				Street Add	dress (P.	O. Box Numb	er is Not Acce	ptable)			
			}	City	-					Code	
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or n	egistere	d agent, or bo	th, in the State	of Florida.	I am familiar	with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered	l Agent signeture	e required w	hen reinstating)			DATE		
Filing Fee is \$50.00 Due by May 1, 2006											_
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