2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2004
Secretary of State

DOCUMENT# L03000056439

Entity Name: COLLIER & SCALESE, P.L.

Current Principal Place of Business:

499 N.W. 70TH AVENUE
#106
PLANTATION, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

499 N.W. 70TH AVENUE
#106
PLANTATION, FL 33317 US

New Mailing Address:

FEI Number: 20-0525711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLIER, ROBERT E II
499 N.W. 70TH AVENUE
#106
PLANTATION, FL 33317 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	ROBERT E. COLLIER, I, I, P.A.	
Address:	499 N.W. 70TH AVENUE, #106	
City-St-Zip:	PLANTATION, FL 33317 US	
Title:	MGRM	( ) Delete
Name:	ANTHONY V. SCALESE,, P.A.	
Address:	499 N.W. 70TH AVENUE, #106	
City-St-Zip:	PLANTATION, FL 33317 US	

ADDITIONS/CHANGES:

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 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 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: ROBERT E. COLLIER, II M 02/03/2004

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