

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 02, 2006 08:00 A
Secretary of State**

DOCUMENT # L04000002057

**1. Entity Name
VERNON M. COLLINS LLC**



**Principal Place of Business
11427 SW KISSIMME RD
ARCADIA, FL 34269 US**

**Mailing Address
PO BOX 63
FT OGDEN, FL 34267 US**



01042006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
26-1446480**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLLINS, VENON M
11427 SW KISSIMME RD
ARCADIA, FL 34269**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
COLLINS, VERNON M
11427 SW KISSIMMEE RD
ARCADIA, FL 34269**

**TITLE
NAME
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CITY-ST-ZIP**

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CITY-ST-ZIP**

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03/14/06-80023-018 50.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE & PRINTED NAME

DATE

**DAYTIME
PHONE #**

Vernon M. Collins **VERNON M. COLLINS** **2-28-06** **863-494-5322**