


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000013678 1. Entity Name DOUG COLLINSWORTH, LLC	
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Principal Place of Business 5335 CONNER DR LAND O LAKES, FL 34639 US	Mailing Address 5335 CONNER DR LAND O LAKES, FL 34639 US
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DO NOT WRITE IN THIS SPACE



04072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2519493	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent COLLINSWORTH, DOUG 5335 CONNER DR LAND O LAKES, FL 34639

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLINSWORTH, DOUG 5335 CONNER DR LAND O LAKES, FL 34639
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05/27/08-80034-008 138.75

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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>Doug Collinsworth</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	4/28/08 <small>Date</small>	813-966-5148 <small>Daytime Phone #</small>
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