

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90022 003 \*\*\*\*50.00

**DOCUMENT # L04000014276**

1. Entity Name

624 COLLINS ASSOCIATES, L.L.C.



Principal Place of Business

9200 CHURCH STREET, STE. 400  
ATTN: DANIEL G. HAYES, ESQ.  
MANASSAS VA 20110-5561

Mailing Address

9200 CHURCH STREET, STE. 400  
ATTN: DANIEL G. HAYES, ESQ.  
MANASSAS VA 20110-5561

2. Principal Place of Business

104 Woodmont Blvd  
Suite, Apt. #, etc.  
Suite 410

3. Mailing Address

P.O. Box 150262  
Suite, Apt. #, etc.

City & State

Nashville, TN

City & State

Nashville TN

Zip

37205

Country

Zip

37215

Country

USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

56-2433815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOHN, ROBERT M  
C/O COUNTRY LAKES LEASING OFFICE  
6010 SHERWOOD GLEN WAY  
WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent (and title if applicable).

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR  
NAME: WILLINGHAM, BEN H III  
STREET ADDRESS: 9200 CHURCH STREET, STE. 400  
CITY-ST-ZIP: MANASSAS VA 20110-5561 ☐ Delete

TITLE: MGR  
NAME: HAYES, DANIEL G  
STREET ADDRESS: 9200 CHURCH STREET, STE. 400  
CITY-ST-ZIP: MANASSAS VA 20110-5561 ☒ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
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10. ADDITIONS/CHANGES

TITLE:   
NAME:   
STREET ADDRESS: 3616 Bowlsate Lane  
CITY-ST-ZIP: Nashville, TN. 37215 ☒ Change ☐ Addition

TITLE:   
NAME:   
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-2-06

615-480-4340