

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000027920

1. Entity Name
BOBBY COLLINS ENTERPRISES LLC



Principal Place of Business
**121 TURNBERRY DRIVE
ATLANTIS, FL 33462**

Mailing Address
**121 TURNBERRY DRIVE
ATLANTIS, FL 33462**



02082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1647053	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLLINS, ROBERT JR.
121 TURNBERRY DRIVE
ATLANTIS, FL 33462**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COLLINS, ROBERT JR.
STREET ADDRESS	121 TURNBERRY DRIVE
CITY-ST-ZIP	ATLANTIS, FL 33462

TITLE	
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03/23/07-80007-002 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/9/07

Date

Daytime Phone # _____