


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # L04000034482 1. Entity Name COLLIER ORNAMENTAL PALMS, LLC	
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Principal Place of Business 606 BALD EAGLE DRIVE, SUITE 200 MARCO ISLAND, FL 34145	Mailing Address 606 BALD EAGLE DRIVE, SUITE 200 MARCO ISLAND, FL 34145
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04212006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0721874	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
SCHULZE, PATRICIA D 606 BALD EAGLE DRIVE, SUITE 200 MARCO ISLAND, FL 34145	

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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 _____
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	MGRM SCHULZE, HERMANN J 606 BALD EAGLE DRIVE, SUITE 200 MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHULZE, PATRICIA D 606 BALD EAGLE DRIVE, SUITE 200 MARCO ISLAND, FL 34145
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<p>U00000549389 05/13/06-80020-003 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: *Patricia D. Schulze* **4-27-06** **239 394 1004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #