

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000047597

1. Entity Name
COLLINS PARKING, LLC



FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90045 039 *****50.00

Principal Place of Business
805 EAST HILLSBORO BOULEVARD
SUITE 206
DEERFIELD BEACH, FL 33441 US

Mailing Address
805 EAST HILLSBORO BOULEVARD
SUITE 206
DEERFIELD BEACH, FL 33441 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
P.O. Box 8564
Suite, Apt. #, etc.
City & State
Zip
Deerfield Beach, FL
33441

Country
USA



02202006 Chg-LLC CR2E083 (11/05)

4. FEI Number
90-0184885

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DROSKY, TODD C
805 EAST HILLSBORO BOULEVARD
SUITE 206
DEERFIELD BEACH, FL 33441

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
HENNIGAR, CURTIS A
805 EAST HILLSBORO BOULEVARD, SUITE 206
DEERFIELD BEACH, FL 33441 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-24-06

Date

Daytime Phone #