## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State DOCUMENT # L04000047597** 02-28-2007 90146 046 \*\*\*\*50.00 1. Entity Name COLLINS PARKING, LLC Principal Place of Business Mailing Address P.O. BOX 8564 805 EAST HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33441 **SUITE 206** DEERFIELD BEACH, FL 33441 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 90-0184885 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DROSKY, TODD C Street Address (P.O. Box Number is Not Acceptable) 805 EAST HILLSBORO BOULEVARD SUITE 206 DEERFIELD BEACH, FL 33441 City 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 (I applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9, 10. TITLE **MGRM** TITLE ☐ Change Addition HENNIGAR, CURTIS A NAME NAME 805 EAST HILLSBORO BOULEVARD, SUITE 206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change MILE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

MATURE AND TYPED OR PRINTED NAME OF BIGHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Feb 28, 2007 8:00 am