## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000054012

1. Entity Name

COLLUM AUTO TRANSPORT, LLC



FILED Jan 16, 2007 08:00 AM Secretary of State

Principal Place of Business

5833 N STEWART STREET MILTON, FL 32570 Mailing Address

5833 N STEWART STREET MILTON, FL 32570



DO NOT WRITE IN THIS SPACE

01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1393423

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLUM, LEE 5833 N STEWART STREET MILTON, FL 32570

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.			
····	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
F	lling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLUM, LEE 5833 N STEWART STREET MILTON, FL 32570		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			01/16/07-80040-013 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·

CLANATURE Se Collisse

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

<sup>11.</sup> 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.