

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90041 018 \*\*\*\*50.00

**20043133**



04252006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
51-0528344  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

COLLIER, DOUGLAS J  
800 FAIRWAY DRIVE, SUITE 370  
DEERFIELD BEACH, FL 33441

## 7. Name and Address of New Registered Agent

Name **Douglas J. Collier**

Street Address (R.O. Box Number is Not Acceptable)  
**2780 NE 48th CT.**

City **Lighthouse Point** FL Zip Code **33064**

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)

**4/24/06**  
DATE

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

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

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **COLLIER, DOUGLAS J**  
STREET ADDRESS **800 FAIRWAY DRIVE, SUITE 370**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **COLLIER, DOUGLAS J.**  
STREET ADDRESS **2780 NE 48th CT.**  
CITY-ST-ZIP **Lighthouse Point, FL 33064**

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

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

**4/24/06 954-494-9639**  
Date Daytime Phone #