2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State
01-30-2006 90153 039 ****50.00

DOCUMENT # L04000094155

1. Entity Name
6065 COLLIER BOULEVARD LLC

Principal Place of Business	Mailing Address
1857 SENEGAL DATE DRIVE NAPLES, FL 34119	1857 SENEGAL DATE DRIVE NAPLES, FL 34119

01102006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
6065 Collier Blvd	6065 Collier Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL
Zip: 34114 Country: USA	Zip: 34114 Country: USA

4. FEI Number: 20-2635395 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRENNAN, MANNA & DIAMOND, P.L. 3301 BONITA BEACH ROAD SUITE 202 BONITA SPRINGS, FL 34134	Name: John Alzado Street Address (P.O. Box Number is Not Acceptable): 6065 Collier Blvd City: Naples FL Zip Code: 34114

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: John Alzado 1/25/06
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALZADO, JOHN 1857 SENEGAL DATE DRIVE NAPLES, FL 34119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Andricopoulos, Peter 37 Abbot Road Smithtown, NY 11787 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: John Alzado 1/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

PATRICIA A. FERGUSON, C.P.A., P.A.
CERTIFIED PUBLIC ACCOUNTANT
870 BALD EAGLE DRIVE
MARCO ISLAND, FLORIDA 34145
PHONE (239) 642-8600
FAX (239) 642-4666

20003636
#L04000094155

TAX FORM INSTRUCTIONS

CLIENT 6065 Collier Blvd LLC DATE 1/10/06

ATTACHED PLEASE FIND THE ~~PAYROLL~~ TAX FORM INDICATED FOR THE:

MONTH OF _____
QUARTER OF _____
YEAR OF 2005

_____ FEDERAL FORM 941 (QUARTERLY SOCIAL SECURITY & WITHHOLDING)
_____ FEDERAL UNEMPLOYMENT DEPOSIT FORM (QUARTERLY DEPOSITS)
_____ FLORIDA STATE UNEMPLOYMENT FORM (QUARTERLY PAYMENTS)
_____ FLORIDA STATE SALES TAX FORM (MONTHLY SALES TAXES)
_____ FLORIDA STATE ALCOHOL TAX (MONTHLY LIQUOR TAXES)
_____ FEDERAL W-2'S & W-3 FORMS (ANNUAL WAGE STATEMENTS FORMS)
_____ FEDERAL 1099'S & 1096 FORMS (ANNUAL MISC PAYMENTS FORMS)
X OTHER Annual Report

A CHECK FOR $ 50.00 SHOULD BE MADE PAYABLE TO:

_____ UNITED STATES TREASURY
_____ FLORIDA DEPARTMENT OF REVENUE
_____ FLORIDA UNEMPLOYMENT COMPENSATION FUND
_____ DIVISION OF AB&T
_____ YOUR BANK
X OTHER Florida Dept. of State
_____ NO PAYMENT IS REQUIRED

FORM SHOULD BE SIGNED BY: X OFFICER _____ OWNER _____ NO SIGNATURE REQUIRED Sign + date in 2 places

FORM SHOULD BE FILED AT:

_____ INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0005

_____ INTERNAL REVENUE SERVICE
P.O. BOX 660264
DALLAS, TX 75266-0264

_____ INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0047

_____ INTERNAL REVENUE SERVICE
P.O BOX 660351
DALLAS, TX 75266-0351

_____ UNEMPLOYMENT TAX
FLORIDA DEPARTMENT OF REVENUE
5050 W. TENNESSEE ST.
TALLAHASSEE, FLORIDA 32399-0180

_____ AT YOUR BANK

X OTHER

_____ ENVELOPE ATTACHED

Mail to:
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

DUE DATE OF FORM: 4/1/06

PLEASE PUT THE INFORMATION INDICATED ON YOUR CHECK:

X FED ID# 20-2635395
_____ UNEMPLOY A/C # _____
_____ PERIOD: _____
_____ OTHER