

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015962

FILED
Apr 29, 2009
Secretary of State

Entity Name: COLLINS COMPANY OF FLORIDA, LLC

Current Principal Place of Business:

521 KEY ROYALE DRIVE
HOLMES BEACH, FL 34217

New Principal Place of Business:

611 BARONET LANE
HOLMES BEACH, FL 34217

Current Mailing Address:

521 KEY ROYALE DRIVE
HOLMES BEACH, FL 34217

New Mailing Address:

611 BARONET LANE
HOLMES BEACH, FL 34217

FEI Number: 20-2347427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNES, GARRET T
BARNES WALKER & LAKIN, CHARTERED
3119 MANATEE AVENUE WEST
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COLLINS, JAMES R JR.
Address: 521 KEY ROYALE DRIVE
City-St-Zip: HOLMES BEACH, FL 34205

Title: MGR () Delete
Name: COLLINS, PATRICIA H
Address: 521 KEY ROYALE DRIVE
City-St-Zip: HOLMES BEACH, FL 34205

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COLLINS, JAMES R JR.
Address: 611 BARONET LANE
City-St-Zip: HOLMES BEACH, FL 34217

Title: MGR (X) Change () Addition
Name: COLLINS, PATRICIA H
Address: 611 BARONET LANE
City-St-Zip: HOLMES BEACH, FL 34217

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES R COLLINS JR

MGR

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date