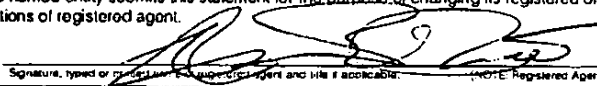


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 11, 2007 8:00 am
Secretary of State

05-21-2007 90363 019 ****55.00

DOCUMENT # L05000051924 1. Entity Name COLLINS COMPANY LLC																													
Principal Place of Business 3062 CR 795 LIVE OAK FL 32060				Mailing Address 3062 CR 795 LIVE OAK FL 32060																									
2. Principal Place of Business - No P.O. Box # 765 N.W. TURNER AVE		3. Mailing Address 765 N.W. TURNER AVE																											
Suite, Apt. #, etc. LAKE CITY		Suite, Apt. #, etc. LAKE CITY																											
City & State Florida		City & State Florida																											
Zip 32055		Country USA		Zip 32055																									
Country USA		4. FEI Number 03-0598611																											
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable																									
6. Name and Address of Current Registered Agent COLLINS, JOHN E III 3062 CR 795 LIVE OAK FL 32060			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  6-6-07 Signature, typed or printed name of agent/registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)																													
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 10%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>COLLINS, JOHN E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3062 CR 795</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LIVE OAK FL 32060</td> <td></td> </tr> </table> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 10%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>COLLINS, JOHN E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>756 N.W. TURNER RD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LAKE CITY FL 32055</td> <td></td> </tr> </table>						TITLE	MGRM	☐ Delete	NAME	COLLINS, JOHN E		STREET ADDRESS	3062 CR 795		CITY - ST - ZIP	LIVE OAK FL 32060		TITLE	MGRM	☒ Change ☐ Addition	NAME	COLLINS, JOHN E		STREET ADDRESS	756 N.W. TURNER RD		CITY - ST - ZIP	LAKE CITY FL 32055	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 808, Florida Statutes.																													
SIGNATURE:  386 John E. Collins 6/6/07 984-7859 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE																													

6-6-07

ATTACHMENT

30010497

#L05000051924

To Whom it may concern:

I would like to change the
Address for Collins Company LLC.

New Address: Collins Company LLC
765 N. W. TURNER Ave.
Lake City, FL 32055

Thank you,

John E. Collins

