

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109170

FILED
Apr 27, 2006
Secretary of State

Entity Name: COLLIER, WILSON & MILLS, LLC

Current Principal Place of Business:

4934 PELICAN MANOR
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

4934 PELICAN MANOR
COCONUT CREEK, FL 33073

New Mailing Address:

101 NE 3RD AVE STE 1500
FT LAUDERDALE, FL 33301

FEI Number: 20-3761666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: MILLS, SARA N
Address: 4934 PELICAN MANOR
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGR () Delete
Name: MILLS, JEFFREY S
Address: 4934 PELICAN MANOR
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGR () Delete
Name: COLLIER, JOHN W
Address: 4934 PELICAN MANOR
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGR () Delete
Name: WILSON, PAUL
Address: 4934 PELICAN MANOR
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SARA N. MILLS

MGR

04/27/2006

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