2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 06, 2007
Secretary of State

DOCUMENT# L05000115252

Entity Name: FS&A-COLLIER, LLC

Current Principal Place of Business:

3893 MANNIX DRIVE UNIT 522
NAPLES, FL 34114

New Principal Place of Business:

Current Mailing Address:

3893 MANNIX DRIVE UNIT 522
NAPLES, FL 34114

New Mailing Address:

FEI Number: 01-0851266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHEFFY, JANE YEAGER
2375 TAMIAMI TRAIL NORTH STE 310
NAPLES, FL 34103 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: MGRM ( ) Delete
Name: SPEZIO, JOSEPH
Address: 3894 MANNIX DRIVE UNIT 218
City-St-Zip: NAPLES, FL 34114

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SPEZIO, JOSEPH
Address: 3893 MANNIX DRIVE UNIT 522
City-St-Zip: NAPLES, FL 34114

Title: MGRM ( ) Change (X) Addition
Name: FOX, KENNETH
Address: 3893 MANNIX DRIVE UNIT 522
City-St-Zip: NAPLES, FL 34114

Title: MGRM ( ) Change (X) Addition
Name: ANDREA, THOMAS
Address: 3893 MANNIX DR UNIT 522
City-St-Zip: NAPLES, FL 34114

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: JOSEPH SPEZIO MGMR 07/06/2007

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