2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011192

Entity Name: COLLISION MANAGEMENT GROUP, LLC

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

615 NE COLLIN KELLY HWY MADISON, FL 32340

Current Mailing Address: New Mailing Address:

615 NE COLLIN KELLY HWY MADISON, FL 32340

FEI Number: 42-1698476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHNITKER, CLAY A
519 WEST BASE STREET
615 NE COLIN KELLY HWY
MADISON, FL 32340 US
615 NE COLIN KELLY HWY
MADISON, FL 32340 US

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: ANTHONY M KELLEY 04/23/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition Name: BLANTON, ROBERT Name: KELLEY, ANTHONY M

Address: 615 NE COLLIN KELLY HWY
City-St-Zip: MADISON, FL 32340

Name: KELLEY, ANTHONY M
Address: 615 NE COLLIN KELLY HWY
City-St-Zip: MADISON, FL 32340

Name: KELLEY, ANTHONY M
Address: 615 NE COLLIN KELLY HWY
City-St-Zip: MADISON, FL 32340

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: ANTHONY M KELLEY MGR 04/23/2009