


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90178 028 \*\*\*\*50.00

|   |  |                                 |   |  |  |
|---|--|---------------------------------|---|--|--|
| DOCUMENT # L06000016092   |  |                                 |   |                             |  |
| 1. Entity Name<br>COLIN MAGUIRE, LLC  |  |                                 |   |  |  |
| Principal Place of Business<br>6007 WAKULLA SPRINGS RD<br>JACKSONVILLE, FL 32258  |  |                                 | Mailing Address<br>6007 WAKULLA SPRINGS RD<br>JACKSONVILLE, FL 32258  |  |  |
| 2. Principal Place of Business - No P.O. Box #  |  | 3. Mailing Address              |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.             |   |  |  |
| City & State  |  | City & State                    |   |  |  |
| Zip   | Country  | Zip                             | Country   | 4. FEI Number<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">14-1949028</div> |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |  |                                 |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent   |  |                                 | 7. Name and Address of New Registered Agent   |  |  |
| ECKERT, CARROLL S<br>6007 WAKULLA SPRINGS RD<br>JACKSONVILLE, FL 32258  |  |                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div> |  |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                 |  |                                 |   |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2007</b>   |  |                                 |   | <b>Make check payable to</b><br><b>Florida Department of State</b>   |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |                                 | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>ECKERT, CARROLL<br>6007 WAKULLA SPRINGS RD<br>JACKSONVILLE, FL 32258 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>ECKERT, MATTHEW<br>6007 WAKULLA SPRINGS RD<br>JACKSONVILLE, FL 32258 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 608, Florida Statutes.

**SIGNATURE**

*Carroll Eckert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*3/27/07* *904-371-9877*  
Date Daytime Phone #