2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000040005

COLLINS LAW FIRM, LLC



FILED Jul 28, 2008 08:00 AM Secretary of State

Principal Place of Business

2804 REMINGTON GREEN CIRCLE

SUITE 3 TALLAHASSEE, FL 32308 Mailing Address 2804 REMINGTON GREEN CIRCLE SUITE 3 TALLAHASSEE, FL 32308



07222008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number	
20-4756878		

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, RICHARD B

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP

2804 REMINGTON GREEN CIRCLE SUITE 3 TALLAHASSEE, FL 32308		IN THIS SPACE	
	e named entity submits this statement for the purpose of chitions of registered agent.	anging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating) DATE	
Due	by September 12, 2008 liability con	nce with s. 607.193(2)(b), F.S., the fimited hapany did not receive the prior notice. U00000956550	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM COLLINS, RICHARD B 2804 REMINGTON GREEN CIRCLE SUITE 3 TALLAHASSEE, FL 32308	01/20/00*00000 003 100*10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADORESS			

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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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #