

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057657

FILED
Jul 06, 2007
Secretary of State

Entity Name: COLLOM RESIDENTIAL, LLC

Current Principal Place of Business:

3340 PLACIDA RD
ENGLEWOOD, FL 34224

New Principal Place of Business:

3320 BOURBON ST
ENGLEWOOD, FL 34224

Current Mailing Address:

3340 PLACIDA RD
ENGLEWOOD, FL 34224

New Mailing Address:

1950 PENNSYLVANIA AVE
ENGLEWOOD, FL 34224

FEI Number: 20-4999441 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COLLOM, PAUL T
3340 PLACIDA RD
ENGLEWOOD, FL 34224 US

Name and Address of New Registered Agent:

COLLOM, PAUL T
3320 BOURBON ST
ENGLEWOOD, FL 34224 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:

07/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COLLOM, PAUL T
Address: 3340 PLACIDA RD
City-St-Zip: ENGLEWOOD, FL 34224

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COLLOM, PAUL T
Address: 3320 BOURBON ST
City-St-Zip: ENGLEWOOD, FL 34224

Title: T () Change (X) Addition
Name: CHENGER, PATRICIA A
Address: 1950 PENNSYLVANIA AVE
City-St-Zip: ENGLEWOOD, FL 34224

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: PATRICIA CHENGER

T

07/06/2007

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