


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 19, 2008 8:00 am
Secretary of State

04-15-2008 90104 023 ***138.75

DOCUMENT # L07000107245			
1. Entity Name GERALD F. COLLINS, LIMITED LIABILITY COMPANY			
Principal Place of Business 9538 NICHOLS LANE RD. MILTON, FL 32583		Mailing Address 9538 NICHOLS LANE RD. MILTON, FL 32583	
2. Principal Place of Business - No P.O. Box # 9538 Nichols Lake Rd		3. Mailing Address 9538 Nichols Lake Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Milton FL		City & State Milton FL	
Zip 32583		Country Santa Rosa	
4. FEI Number 26-1664314		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLINS, GERALD G 9538 NICHOLS LANE RD. MILTON, FL 32583		7. Name and Address of New Registered Agent Name Gerald F. COLLINS Street Address (P.O. Box Number is Not Acceptable) 9538 Nichols Lake Rd City Milton FL Zip Code 32583	
8. The above named entry 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: <i>Gerald F. Collins</i> DATE: 5-14-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Gerald F. Collins <input type="checkbox"/> Delete <i>Pres</i> 9538 Nichols Lake Rd Milton FL 32583 President	TITLE NAME STREET ADDRESS 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: <i>Gerald F. Collins</i> DATE: 4-9-08 850-981-8553 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			