

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 25, 2009
Secretary of State**

DOCUMENT# L08000091215

Entity Name: ELAINE COLLINS IRA, LLC

Current Principal Place of Business:

1158 MAPIMI CT.
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 36371
ALBUQUERQUE, NM 87176

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLLINS, ELAINE
1158 MAPIMI CT.
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COLLINS, ELAINE
Address: 1158 MAPIMI CT.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM () Delete
Name: SUNWEST TRUST FBO ELAINE COLLINS IRA
Address: P.O. BOX 36371
City-St-Zip: ALBUQUERQUE, NM 87176

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ELAINE COLLINS

MS.

04/25/2009

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