2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2009
Secretary of State

DOCUMENT# L08000102179

Entity Name: COLLINS AVENUE PARTNERS, LLC

Current Principal Place of Business:

1691 MICHIGAN AVE SUITE 325
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1691 MICHIGAN AVE SUITE 325
MIAMI BEACH, FL 33139

New Mailing Address:

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

Name and Address of Current Registered Agent:

MASRI, KARIM
1691 MICHIGAN AVE SUITE 325
MIAMI BEACH, FL 33139 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: ( ) Delete
Name:
Address:
City-St-Zip:

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

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

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: MASRI, KARIM
Address: 1691 MICHIGAN AVE SUITE 325
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM ( ) Change (X) Addition
Name: SEIKALY, RONY
Address: 1691 MICHIGAN AVE SUITE 325
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM ( ) Change (X) Addition
Name: SIERVO, NICOLA
Address: 1691 MICHIGAN AVE SUITE 325
City-St-Zip: MIAMI BEACH, FL 33139 US

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: KARIM MASRI MGRM 04/12/2009

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