


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90177 045 ****50.00

| | |
|---|---|
| DOCUMENT # L98000000348 |  |
| 1. Entity Name COLLECT SOUTHEAST, LLC | |

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|--|--|
| Principal Place of Business 300 PRIMERA BLVD SUITE 356 LAKE MARY, FL 32746 | Mailing Address 300 PRIMERA BLVD SUITE 356 LAKE MARY, FL 32746 |
|--|--|

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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

60030206



02162007 Chg-LLC CR2E083 (12/06)

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|------------------------------------|-------------------------------|
| 4. FEI Number 59-3497777 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|---|
| 6. Name and Address of Current Registered Agent SCHERR, HAROLD 300 PRIMERA BLVD SUITE 356 LAKE MARY, FL 32746 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

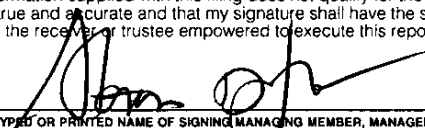
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|--|
| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM IRA, STEVEN D 300 PRIMERA BLVD SUITE 356 LAKE MARY, FL 32746 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM IRA, STEPHANIE 300 PRIMERA BLVD SUITE 356 LAKE MARY, FL 32746 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCHERR, HAROLD 300 PRIMERA BLVD SUITE 356 LAKE MARY, FL 32746 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **3/20/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Patrick M. Burns, CPA, PA

Accountants, Consultants, and Tax Professionals

ATTACHMENT

60030206

#L98 000000348

February 16, 2007

Mr. Steven D. Ira
Collect Southeast, LLC
300 Primera Boulevard, Suite #356
Lake Mary, FL 32746

Re: 2007 - For Profit Corporation Annual Report

Dear Steve:


Enclosed is the completed 2007 For Profit Corporation Annual Report for your business. In order to maintain an active status with the Florida Division of Corporations, each year you are required to file an updated annual report and pay an annual registration fee of \$50.00. Please review the enclosed report for accuracy, note any changes to officers and/or mailing addresses and then sign and date where highlighted at the bottom of page one. Please make your check for \$50.00 payable to "Department of State" and mail with the original, signed annual report to:

*Division of Corporations
PO Box 6478
Tallahassee, FL 32314*

In order to avoid your corporation being administratively dissolved and incurring a reinstatement fee of \$450.00, this report must be filed by **May 1, 2007**. Please retain a copy of the submitted report and registration fee in your files.

If you have any questions, please feel free to contact me directly at (407) 228-4443. Thank you for your business!

Sincerely,


Patrick M. Burns, CPA