2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Aug 16, 2005 8:00 am Secretary of State **DOCUMENT # L98000001016** 08-16-2005 90013 004 ****50 00 COBERT C. COLLINS ENTERPRISES, L.L.C. Principal Place of Business Mailing Address 879 E. RAMBLING DRIVE 879 E. RAMBLING DRIVE 14019197 WEST PALM BEACH, FL 33414-5011 US WEST PALM BEACH, FL 33414-5011 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08052005 CR2E083 (10/03) Chg-LLC 4. FEI Number Applied For 1347 Wellington 65-0871293 ellington # Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 33414-5011 7. Name and Address of New Registered Agent COLLINS, COBERT C Street Address (P.O. Box Number is Not Acceptable) 879 E. RAMBLING DRIVE WELLINGTON, FL 33414 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by September 7, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM Delete TITLE TITLE Change ☐ Addition NAME COLLINS, COBERT C NAME STREET ANDRESS 879 EAST RAMBLING DRIVE STREET ADDRESS Wellington Wellington WEST PALM BEACH, FL 33414 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE Change ☐ Addition NAME COLLINS, PENNY A NASAF STREET ADORESS 879 EAST RAMBLING DRIVE STREET ADDRESS CITY-ST-ZIP WEST-PALM BEACH, FL 33414 CTTY-ST-ZIP TITLE ☐ Delete TITI F Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZP CITY-ST-ZP ☐ Change Addition TITLE ☐ Detete NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

Daytime Phone #