2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2006
Secretary of State

DOCUMENT# L99000001096

Entity Name: MCCOLLUM ENTERPRISES, L.C.

Current Principal Place of Business:

4650 LINKS VILLAGE DRIVE
UNIT B-107
PONCE INLET, FL 32127

New Principal Place of Business:

Current Mailing Address:

PO BOX 290337
PORT ORANGE, FL 32129

New Mailing Address:

4650 LINKS VILLAGE DRIVE
UNIT B-107
PONCE INLET, FL 32127

FEI Number: 59-3560003 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SWAIN, CATHERINE G
149 SOUTH RIDGEWOOD AVENUE
SUITE 500
DAYTONA BEACH, FL 32114 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: MGRM ( ) Delete
Name: SAMOLINSKI, BARBARA G
Address: 4650 LINKS VILLAGE DRIVE, UNIT B-107
City-St-Zip: PONCE INLET, FL 32127

Title: MGRM (X) Delete
Name: SIMON, SARAH G
Address: P.O. BOX 290337
City-St-Zip: PORT ORANGE, FL 32129

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 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: BARBARA G. SAMOLINSKI MGRM 07/25/2006

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