## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M06000007052

1. Entity Name

COLLINS CAPITAL INVESTMENTS, LLC



FILED
Mar 10, 2008 08:00 AN
Secretary of State

Principal Place of Business

806 DOUGLAS ROAD, SUITE 570 CORAL GABLES, FL 33134

Mailing Address

806 DOUGLAS ROAD, SUITE 570 CORAL GABLES, FL 33134



03042008 No Chg-LLC

CR2E083 (12/07)

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	20-8004586			Not Applicable
4.	FEI Number			Applied For

5. Certificate of Status Desired

\$5.00 Additional Fee Required

205-666-3319

6. Name and Address of Current Registered Agent

COLLINS CAPITAL ADVISORS, INC. 806 DOUGLAS ROAD SUITE 570 CORAL GABLES, FL 33134

SIGNATURE

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of changing its registere ions of registered agent.	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title it applicable. (NOTE Registered	1 Agent signatura required when reinstating) DATE		
FILE After May	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75			
3.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLINS CAPITAL ADVISORS, INC. 806 DOUGLAS ROAD, SUITE 570 CORAL GABLES, FL 33134	000000853551 03/26/08-80074-005 138.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

11. I hereby certify that the information supplied with this fling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE