

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004779

FILED
Apr 23, 2008
Secretary of State

Entity Name: COLLIER FLORIDA PROPERTIES, L.L.C.

Current Principal Place of Business:

135 TRAD WEST DRIVE
O'FALLON, MO 63366

New Principal Place of Business:

135 TRIAD WEST DRIVE
O'FALLON, MO 63366

Current Mailing Address:

135 TRAD WEST DRIVE
O'FALLON, MO 63366

New Mailing Address:

135 TRIAD WEST DRIVE
O'FALLON, MO 63366

FEI Number: 26-0548165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: COLLIER, DONALD G JR.
Address: 135 TRAD WEST DRIVE
City-St-Zip: O'FALLON, MO 63366

Title: MGRM () Delete
Name: COLLIER, CYNTHIA L
Address: 135 TRAD WEST DRIVE
City-St-Zip: O'FALLON, MO 63366

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COLLIER, DONALD G JR.
Address: 135 TRIAD WEST DRIVE
City-St-Zip: O'FALLON, MO 63366

Title: MGRM (X) Change () Addition
Name: COLLIER, CYNTHIA L
Address: 135 TRIAD WEST DRIVE
City-St-Zip: O'FALLON, MO 63366

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: DONALD COLLIER, JR.

MGRM

04/23/2008

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