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Apr 14, 2004 8:00 am
Secretary of State
 03-15-2004 90434 001 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000013558			
1. Entity Name COLLECTANIA, LLC			
Principal Place of Business 1900 S.W. 3RD AVE. MIAMI FL 33129		Mailing Address C/O SOFIA POWELL-COSIO 1900 S.W. 3RD AVE. MIAMI FL 33129	
2. Principal Place of Business		3. Mailing Address	
Subc. Apt. #, etc.		Subc. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 14-1826346		Applicable For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
POWELL-COSIO, SOFIA E SO 1900 S.W. 3RD AVE. MIAMI FL 33129		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 (enter wife, and accept the obligations of registered agent.			
SIGNATURE		DATE	
[Signature]		[Date]	
FILE MONTHLY FEE IS \$30.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE Member	<input type="checkbox"/> Delete	TITLE MEMBER / PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Adeline Denise Miodownik		NAME Adeline Denise Miodownik	
STREET ADDRESS 1900 S.W. 3rd Avenue		STREET ADDRESS 1900 S.W. 3rd Avenue	
CITY-ST-ZIP Miami, FL 33129		CITY-ST-ZIP Miami, FL 33129	
TITLE Member	<input type="checkbox"/> Delete	TITLE MEMBER / SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Nathan Miodownik		NAME Nathan Miodownik	
STREET ADDRESS 1900 S.W. 3rd Avenue		STREET ADDRESS 1900 S.W. 3rd Avenue	
CITY-ST-ZIP Miami, FL 33129		CITY-ST-ZIP Miami, Florida 33129	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(b), 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 proprietor of the limited liability company or the receiver or trustee empowered to execute this report, as required by Chapter 608, Florida Statutes.			
SIGNATURE		DATE	
[Signature]		[Date]	