

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013556

FILED  
Mar 22, 2005  
Secretary of State

Entity Name: COLLECTANIA, LLC

**Current Principal Place of Business:**

1900 S.W. 3RD AVE.  
MIAMI, FL 33129

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SOFIA POWELL-COSIO  
1900 S.W. 3RD AVE.  
MIAMI, FL 33129

**New Mailing Address:**

FEI Number: 14-1886346      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POWELL-COSIO, SOFIA E SQ  
1900 S.W. 3RD AVE.  
MIAMI, FL 33129      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/MEMBERS:**

Title: P ( ) Delete  
Name: MIODOWNNIK, ADELINE D  
Address: 1900 S.W. 3RD AVE  
City-St-Zip: MIAMI, FL 33129

Title: S ( ) Delete  
Name: MIODOWNNIK, NATHAN  
Address: 1900 S.W. 3RD AVE  
City-St-Zip: MIAMI, FL 33129

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MIODOWNNIK, ADELINE D  
Address: 1900 S.W. 3RD AVE  
City-St-Zip: MIAMI, FL 33129

Title: MGRM (X) Change ( ) Addition  
Name: MIODOWNNIK, NATHAN  
Address: 1900 S.W. 3RD AVE  
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NATHAN MIODOWNNIK      MGRM      03/22/2005

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