

# **2005 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B00000000117

**FILED**  
**Apr 19, 2005**  
**Secretary of State**

**Entity Name:** NATIONAL COLLECTORS & LIQUIDATORS, L.P.

**Current Principal Place of Business:**

4100 GREENBRIAR  
SUITE 180  
STAFFORD, TX 77477

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1068  
STAFFORD, TX 774971068

**New Mailing Address:**

**FEI Number:** 76-0624270

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NC RISK MANAGEMENT, LLC  
3300 UNIVERSITY #701  
CORAL SPRINGS, FL 33065 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

**Capital Contributions as Shown on record:** 1,000,000.00

**Amount of Capital Contributions in Florida to date:** 0.00

**GENERAL PARTNER INFORMATION:**

Document #: F00000002079  
Name: NATIONAL COLLECTORS, INC.  
Address: 4100 GREENBRIAR, SUITE 180  
City-St-Zip: STAFFORD, TX 77477

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

**SIGNATURE:** TRACY WEAKLEY

CFO

04/19/2005

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date