


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90120 019 \*\*\*\*50.00

|   |   |         |  |   |  |
|---|---|---------|--|---|--|
| <b>DOCUMENT # L00000015925</b><br>1. Entity Name<br><b>ART COLLECTION SPECIALISTS, LLC</b>  |   |         |  |  |  |
| Principal Place of Business<br><b>18061 BISCAYNE BLVD. #1704<br/>AVENTURA, FL 33160</b>   |   |         | Mailing Address<br><b>18061 BISCAYNE BLVD. #1704<br/>AVENTURA, FL 33160</b>  |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |         | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |
| City & State  |   |         | City & State   |   |  |
| Zip   |   | Country |  | Zip   |  |
| Country   |   | Country |  | 4. FEI Number<br><b>65-1064034</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |   |         |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>RESTREPO, ROBERTO<br/>18061 BISCAYNE BLVD. #1704<br/>AVENTURA, FL 33160</b>   |   |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 familiar with, and accept the obligations of registered agent.   |   |         |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |         |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>   |   |         |  | <b>Make check payable to<br/>Florida Department of State</b>                      |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |         | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>CARDONA, ANTONIO J<br>18061 BISCAYNE BLVD. #1704<br>AVENTURA, FL 33160    |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>CABALLERO, CRISTINA M<br>18061 BISCAYNE BLVD. #1704<br>AVENTURA, FL 33160 |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 11. I hereby certify that the information supplied with this filing does not qualify 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 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. |   |         |  |   |  |
| <b>SIGNATURE:</b> <i>Cristina Caballero</i>   |   |         | Date <i>04/29/04</i>   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |         | Daytime Phone #  |   |  |