

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 DEC -3 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000011724 1. Entity Name COUNTRY COLLECTION, LLC			
Principal Place of Business 7848 NW 46 STREET MIAMI, FL 33166		Mailing Address 7848 NW 46 STREET MIAMI, FL 33166	
2. Principal Place of Business 2780 WESTON ROAD Suite, Apt. #, etc.		3. Mailing Address 2780 WESTON ROAD Suite, Apt. #, etc.	
City & State WESTON, FL		City & State WESTON, FL	
Zip 33331		Country USA	
4. FEI Number 020710685		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MANUEL FELIPE OLIVER 7848 NW 46 STREET MIAMI, FL 33166		7. Name and Address of New Registered Agent Name MANUEL FELIPE OLIVER Street Address (P.O. Box Number is Not Acceptable) 12048 W. SAMPLE ROAD City CORAL SPRINGS FL Zip Code 33065	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 9-30-2004 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE PRESIDENT NAME MANUEL OLIVER STREET ADDRESS 12048 W. SAMPLE CITY-ST-ZIP CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete	TITLE 1 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PRESIDENT NAME MANUEL OLIVER STREET ADDRESS 7848 NW 46 Street CITY-ST-ZIP MIAMI FLORIDA 33166	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT NAME MANUEL OLIVER STREET ADDRESS 12048 W. Sample Road CITY-ST-ZIP CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 9-30-2004 Daytime Phone # 7865874729	