

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000071850

**FILED**  
**Jan 11, 2005**  
**Secretary of State**

**Entity Name:** LIBERTY COLLECTIONS LLC

**Current Principal Place of Business:**

1214 E FOWLER AVE  
TAMPA, FL 33612

**New Principal Place of Business:**

1214 EAST FOWLER AVE  
TAMPA, FL 33612

**Current Mailing Address:**

1214 E FOWLER AVE  
TAMPA, FL 33612

**New Mailing Address:**

1214 EAST FOWLER AVE  
TAMPA, FL 33612

**FEI Number:** 20-1698928

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MASTERS, NIKLESH  
1214 E FOWLER AVE  
TAMPA, FL 33612 US

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

MASTERS, NIK  
1214 E FOWLER AVE  
TAMPA, FL 33612 US

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: NIK MASTERS

01/11/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MASTERS, NIKLESH  
Address: 1214 E FOWLER AVE  
City-St-Zip: TAMPA, FL 33612

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MASTERS, NIK  
Address: 1214 E FOWLER AVE  
City-St-Zip: TAMPA, FL 33612

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: NIK MASTERS

MGRM

01/11/2005

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