


**FILE NOW: Fee after May 1, will be \$588.75**

**APPROVED  
AND  
FILED**

**1997 MAY 27 PM 12:49**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company  <b>COLLECTIONE PRIVE', L.C.</b> <del>4919 TURTLE CREEK TRAIL</del> <del>OLDSMAR FL 34677</del>	<b>DOCUMENT #</b> L96000000796
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1a. Principal Place of Business Address  4919 TURTLE CREEK TRAIL OLDSMAR FL 34677
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2. Principal Place of Business 1627 Snow Circle W. Suite, Apt. #, etc.		2a. Mailing Address 1627 Snow Circle W. Suite, Apt. #, etc.	
City & State Tampa, FL.		City & State Tampa, FL.	
Zip 33606	Country U.S.A.	Zip 33606.	Country U.S.A.

3. Date Organized or Qualified 07/29/1996	3a. State of Formation FL
4. FEI Number 59-3401321 39-22-187726-52	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> <b>Submit Additional Fee Requested</b>

7. Name and Address of Current Registered Agent  PREISS, AMIRA 4919 TURTLE CREEK TRAIL OLDSMAR FL 34677
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8. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.	
City	Zip Code <b>FL</b>

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	PREISS, ROBERT	4919 TURTLE CREEK TRAIL	OLDSMAR FL
MEM	PREISS, AMIRA	4919 TURTLE CREEK TRAIL	OLDSMAR FL

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\*\*\*\*203.75 \*\*\*\*203.75

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4/29/97 (813) 258-6199

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** Sandra B. Northam **4/29/97** **(813) 258-6199**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #