

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAY -1 PM 12:17

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000796

COLLECTIONE PRIVE', L.C.  
1627 SNOW CIRCLE W.  
TAMPA FL 33606

1a. Principal Place of Business Address

1627 SNOW CIRCLE W.  
TAMPA FL 33606

2. Principal Place of Business

1627 Snow Circle W.  
Suite, Apt. #, etc.

2a. Mailing Address

1627 Snow Circle W.  
Suite, Apt. #, etc.

3. Date Organized or Qualified

07/29/1996

3a. State of Formation

FL

4. FEI Number

59-3401321

☐ Applied For

☐ Not Applicable

5. Date of Last Report

05/27/1997

6. Certificate of Status Desired

☐ No Additional Fee Required

City & State

Tampa FL

City & State

Tampa FL

Zip

33606

Country

U.S.A.

Zip

33606

Country

U.S.A.

7. Name and Address of Current Registered Agent

PREISS, AMIRA  
4919 TURTLE CREEK TRAIL  
OLDSMAR FL 34677

8. Name and Address of New Registered Agent/Office

Name

Amira Preiss

Street Address (P.O. Box Number is Not Acceptable)

1627 Snow Circle W.

Suite, Apt. #, etc.

T

City

Tampa

Zip Code

FL

33606

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 reinstating)

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 1627 Snow Circle W.	OLDSMAR FL Tampa, FL 33606

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\*\*\*\*188.75 \*\*\*\*188.75

11. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/29/98 (813)253-6199

Date

Daytime Phone #