


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000002279 1. Entity Name BONDED COLLECTORS, LLC	
--	---

Principal Place of Business 710 1ST AVENUE S.W. LARGO, FL 33770	Mailing Address 7900 HIGHWAY 7 SUITE 100 ST. LOUIS PARK, MN 55426
---	--

DO NOT WRITE IN THIS SPACE



04192005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 04-3700670	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FRAGUADA, LUIS L 710 1ST AVENUE S.W. LARGO, FL 33770

DO NOT WRITE IN THIS SPACE

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 _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRIKER, TODD 7900 HIGHWAY 7, SUITE 100 ST. LOUIS PARK, MN 55426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALL, FRED 7900 HIGHWAY 7, SUITE 100 ST. LOUIS PARK, MN 55426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KNAUF, ROGER 7900 HIGHWAY 7, SUITE 100 ST. LOUIS PARK, MN 55426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000330103
04/25/05-80147-008 50.00

DO NOT WRITE IN THIS SPACE

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:  **ROBERT M. SCHOFIELD** 4-21-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #