

## MITED LIABILITY COMPANY ANNUAL REPORT

**DOCUM** 

# M03000002620

1. Entity Name

SCROOGE COLLECTIONS, L.L.C.



FILED May 02, 2005 08:00 AN Secretary of State

Principal Place of Business

1092 BASS POINT ROAD MIAMI SPRINGS, FL 33166 Mailing Address

1092 BASS POINT ROAD MIAMI SPRINGS, FL 33166



04192005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 56-2384978

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

GHOUGASIAN, PAUL 1300 N. FEDERAL HIGHWAY, SUITE 212 BOCA RATON, FL 33432

## DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the partitions of registered agent.	urpose of changing its reg	stered office or registered agent, or b	oth, in the State of Florida.	I am familiar with, and accept
SIGNATURE.	Signature, typed of printed name of registered agent and life in	applicable TNOTE Rep	istered Agent signature required when reinstating)	<del></del>	DATE
F	iling Fee is \$50.00 tue by May 1, 2005	\$ 15. <b>%</b> .			
9.	MANAGING MEMBERS/MA	ANAGERS		in the second second	
TRLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HEILBRON, R.G. & HART, A.M., TEN. 1092 BASS POINT ROAD MIAMI SPRINGS, FL 33166	BY ENTIR			
TITLE NAME			.27	U00000358834	

05/04/05-80130-015 50.00

DO NOT WRITE IN THIS SPACE

STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY -ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE DAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). 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 eath; 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:

NAME STREET ADDRESS CITY -ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #