


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000004657**  
 1. Entity Name  
**INDEPENDENT IMAGING, L.L.C.**



Principal Place of Business  
**11337 OKEECHOBEE BLVD., STE. A**  
**ROYAL PALM BEACH, FL 33411**

Mailing Address  
**11337 OKEECHOBEE BLVD., STE. A**  
**ROYAL PALM BEACH, FL 33411**



04192006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1090586**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CONROY, KELLY A**  
**12798 W FOREST HILL BLVD**  
**STE 301A**  
**WELLINGTON, FL 33414**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAUMEL, ERIC M 11337 OKEECHOBEE BLVD., STE. A ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUBER, JONATHAN S 11337 OKEECHOBEE BLVD., STE. A ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIRCHNER, THOMAS 11337 OKEECHOBEE BLVD., STE A ROYAL PALM BEACH, FL 33411
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**DO NOT WRITE IN THIS SPACE**

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 05/12/06-80020-020 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 609, Florida Statutes.

SIGNATURE: *Eric M. Baumel* 4/24/2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #