


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000000435	
1. Entity Name INTELLIGENT MICRO PATTERNING SYSTEM SOLUTIONS, LLC	

Principal Place of Business 1922 ILLINOIS AVE. NE ST. PETERSBURG, FL 33703	Mailing Address 1922 ILLINOIS AVE. NE ST. PETERSBURG, FL 33703
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DO NOT WRITE IN THIS SPACE



04202004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 22-3789879	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

F & L CORP.
200 LAURA STREET NORTH
THIRD FLOOR
JACKSONVILLE, FL 32202

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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DJ TECHNOLOGIES, LLC 1922 ILLINOIS AVE. NE ST. PETERSBURG, FL 33703
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04/28/04-80057-024 50.00

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: Jay M. Maxnerat Date: 4/26/04 Daytime Phone #: 727-522-0334

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