2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2005
Secretary of State

DOCUMENT# L04000021165

Entity Name: NATIONAL ASSOCIATION OF FIXTURE & GRAPHICS INSTALLERS, LLC

Current Principal Place of Business:

8668 NAVARRE PARKWAY
#234
NAVARRE, FL 32566

New Principal Place of Business:

1970 HWY 87
#101
NAVARRE, FL 32566

Current Mailing Address:

8668 NAVARRE PARKWAY
#234
NAVARRE, FL 32566

New Mailing Address:

1970 HWY 87
#101
NAVARRE, FL 32566

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHESSER, D. MICHAEL
1201 EGLIN PARKWAY
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HODGE, TAMI K
Address: 2209 ORION LAKE DRIVE
City-St-Zip: NAVARRE, FL 32566

Title: MGRM ( ) Delete
Name: HODGE, DOUGLAS P JR
Address: 2209 ORION LAKE DRIVE
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TAMI K HODGE MGRM 08/08/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date