2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041941

Entity Name: THOMSON IMAGING SERVICES, LLC

FILED Mar 16, 2006 Secretary of State

Current Principal Place of Business:				New Princ	New Principal Place of Business:		
2199 PONCE DE LEON BOULEVARD SUITE 301 CORAL GABLES, FL 33134 US							
Current Mailing Address:				New Mailir	New Mailing Address:		
SUITE 301	CE DE LEON E ABLES, FL 331						
			FEI Number Not Appli	El Number Not Applicable () Certificate of Status Desired (X)			
Name and	Address of C	urrent Registe	red Agent:	Name and	Address of	New Registered Agent:	
2199 PONO SUITE 301 CORAL GA The above		34 US	ement for the pur	pose of changing it	s registered	office or registered agent, or both	
	of Florida.						
SIGNATUF		c Signature of F	Registered Agent	<u> </u>		 Date	
MANAGING I	MEMBERS/MANA	-	3 3	ADDITIONS/C	HANGES:		
Title: Name: Address: City-St-Zip:	MGR () Delete STINSON, LOUIS JR. 2199 PONCE DE LEON BOULEVARD, SUITE 301 CORAL GABLES, FL 33134 US			Title: Name: Address: City-St-Zip:	e: ess:		
Title: Name: Address: City-St-Zip:	MGR () HELLMUND, CA APARTADO 589 CARACAS, VE			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HELLMUND, RIC	E LEON BOULEVA	RD	Title: Name: Address: City-St-Zip:	HELLMUND, F 4210 PONCE	X) Change ()Addition RICARDO DE LEON BOULEVARD .ES, FL 33146 US	
Title: Name: Address: City-St-Zip:	HELLMUND, CA	E LEON BOULEVA	RD	Title: Name: Address: City-St-Zip:	HELLMUND, 0 4210 PONCE	X) Change ()Addition CARLOS JR DE LEON BOULEVARD .ES, FL 33146 US	
Title: Name: Address: City-St-Zip:	SILEN, HECTOR	E LEON BOULEVA	RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	HELLMUND, E 4210 PONCE) Change (X) Addition ELISA C MS. DE LEON BLVD ES. FL 33146 US	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RICARDO HELLMUND VP 03/16/2006