

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003708

Entity Name: DANIELS IMAGING L.L.C.

FILED
Jan 18, 2004
Secretary of State

Current Principal Place of Business:

P.O. BOX 819
PALM HARBOR, FL 346820819

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 819
PALM HARBOR, FL 346820819

New Mailing Address:

FEI Number: 59-3641490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DANIELS, CRIS
3505 SHORELINE CIRCLE
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

DANIELS, CRIS
19455 GUNN HIGHWAY
ODESSA, FL 33556 US

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: CRISTOPHER E. DANIELS

01/18/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DANIELS, CRIS
Address: 3505 SHORELINE CIRCLE
City-St-Zip: PALM HARBOR, FL 34684

Title: MGRM () Delete
Name: DANIELS, ELLIE
Address: 3505 SHORELINE CIRCLE
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DANIELS, CRIS
Address: 19466 GUNN HIGHWAY
City-St-Zip: ODESSA, FL 33556 US

Title: MGRM (X) Change () Addition
Name: DANIELS, ELLIE
Address: 19455 GUNN HIGHWAY
City-St-Zip: ODESSA, FL 33556 US

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: CRISTOPHER E. DANIELS

MGMR

01/18/2004

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