2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2006
Secretary of State

DOCUMENT# L00000003708

Entity Name: DANIELS IMAGING L.L.C.

Current Principal Place of Business:

P.O. BOX 819
PALM HARBOR, FL 346820819

New Principal Place of Business:

P.O. BOX 519
ODESSA, FL 33556

Current Mailing Address:

P.O. BOX 819
PALM HARBOR, FL 346820819

New Mailing Address:

P.O. BOX 519
ODESSA, FL 33556

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
19455 GUNN HIGHWAY
ODESSA, FL 33556 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: DANIELS, CRIS
Address: 19455 GUNN HIGHWAY
City-St-Zip: ODESSA, FL 33556 US

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

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 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: CRISTOPHER E DANIELS MGRM 03/28/2006

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