

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005025

Entity Name: IMAGINET-USA, LLC

FILED  
Jun 19, 2006  
Secretary of State

## Current Principal Place of Business:

11250 OLD ST. AUGUSTINE RD  
STE. 15-148  
JACKSONVILLE, FL 32257

## New Principal Place of Business:

## Current Mailing Address:

11250 OLD ST. AUGUSTINE RD  
STE. 15-148  
JACKSONVILLE, FL 32257

## New Mailing Address:

FEI Number: 62-1651643      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:

## Name and Address of New Registered Agent:

GIVENS, TOXIE  
11250 OLD ST. AUGUSTINE RD  
STE. 15-148  
JACKSONVILLE, FL 32257 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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GIVENS, TOXIE  
Address: 12014 LONDON LAKE DR W  
City-St-Zip: JACKSONVILLE, FL 32258

Title: MEM ( ) Delete  
Name: GOSTAGE, JAMES  
Address: 167 ELMWOOD DRIVE  
City-St-Zip: JACKSONVILLE, FL

Title: MGRM ( ) Delete  
Name: BENAVIDES, CARLOS  
Address: 2424 STOCKTON DRIVE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

## ADDITIONS/CHANGES:

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

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: TOXIE GIVENS

MGRM

06/19/2006

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