

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 28, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # L00000005123**

1. Entity Name  
AREA 51 GRAPHICS, LLC



Principal Place of Business  
1717 MINNESOTA AVENUE  
UNIT H  
WINTER PARK, FL 32789

Mailing Address  
1717 MINNESOTA AVENUE  
UNIT H  
WINTER PARK, FL 32789



04262004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3642897

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KEALEN, CHRIS  
1717 MINNESOTA AVENUE  
UNIT H  
WINTER PARK, FL 32789

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000134952  
04/28/04-80040-004 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE P  
NAME GIORDANO, MICHAEL  
STREET ADDRESS 807 S ORLANDO AVE., STE K  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE V  
NAME FRY, PHILIP  
STREET ADDRESS 807 S ORLANDO AVE., STE K  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-26-04

Date

Daytime Phone #