

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 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**



01132006No Chg-LLC

CR2E083 (11/05)

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, 2006**

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	

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01/20/06-80018-007 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Christopher Kealen

1-13-2006

Date

407-647-3751

Daytime Phone #