

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006632

Entity Name: KOPPIA IMAGES, LLC

FILED
May 02, 2006
Secretary of State

Current Principal Place of Business:

2517 CROOKED CREEK PT.
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 0428
ORANGE PARK, FL 32067

New Mailing Address:

FEI Number: 59-3649891 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:

SILER, KENDRA
2517 CROOKED CREEK PT.
MIDDLEBURG, FL 32068 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: MGR () Delete
Name: SILER, JIM CEO
Address: 2517 CROOKED CREEK PT.
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGR () Delete
Name: SILER, KUMARI PRES
Address: 2517 CROOKED CREEK PT.
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGR () Delete
Name: JAMES, SILER K VP OPS
Address: 2517 CROOKED CREEK PT.
City-St-Zip: MIDDLEBURG, FL 32068 US

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: JIM SILER

CEO

05/02/2006

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