


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000015036</b> 1. Entity Name GRAPHICBABY, LLC	
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Principal Place of Business 6650 SW 15TH ST PLANTATION, FL 33317	Mailing Address P.O. BOX 2346 FT. LAUDERDALE, FL 33303
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**DO NOT WRITE IN THIS SPACE**



04122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1062946	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  D'ARELLI, PAUL D 6650 SW 15TH ST PLANTATION, FL 33317
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

U000000112988  
04/14/04-80045-008 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR D'ARELLI, PAUL P.O. BOX 2346 FT. LAUDERDALE, FL 33303
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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:** Paul D'arelli 4/12/04 (954) 647-1363  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #