
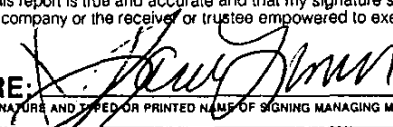


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90051 010 \*\*\*150.00

<b>DOCUMENT # L01000007276</b>					
<b>1. Entity Name</b> IMAGE WORKS, LLC.					
<b>Principal Place of Business</b> IMAGEWORKS, LLC 121 HIDDEN HOLLOW DR PALM BEACH GARDENS, FL 33418			<b>Mailing Address</b> IMAGEWORKS, LLC 121 HIDDEN HOLLOW DR PALM BEACH GARDENS, FL 33418		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip      Country		Zip      Country		<b>4. FEI Number</b> 65-1098841	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  LANDI, KAREN E 121 HIDDEN HOLLOW DRIVE PALM BEACH GARDENS, FL 33418			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	MGRM LANDI, KAREN 121 HIDDEN HOLLOW DR PALM BEACH GARDENS, FL 33418		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	MGRM LANDI, MICHAEL 121 HIDDEN HOLLOW DR PALM BEACH GARDENS, FL 33418		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			Date: 4/11/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					