

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-11-2005 90051 010 ***150.00

DOCUMENT # L01000007276

1. Entity Name
 IMAGE WORKS, LLC.



Principal Place of Business
 IMAGEWORKS, LLC
 121 HIDDEN HOLLOW DR
 PALM BEACH GARDENS, FL 33418

Mailing Address
 IMAGEWORKS, LLC
 121 HIDDEN HOLLOW DR
 PALM BEACH GARDENS, FL 33418



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 65-1098841

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANDI, KAREN E
 121 HIDDEN HOLLOW DRIVE
 PALM BEACH GARDENS, FL 33418

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
 NAME LANDI, KAREN
 STREET ADDRESS 121 HIDDEN HOLLOW DR
 CITY - ST - ZIP PALM BEACH GARDENS, FL 33418

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE MGRM Delete
 NAME LANDI, MICHAEL
 STREET ADDRESS 121 HIDDEN HOLLOW DR
 CITY - ST - ZIP PALM BEACH GARDENS, FL 33418

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE Delete
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TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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: 

Date: 4/11/05
 Davison Phone #