



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90033 043 ****50.00

DOCUMENT # L01000007276					
1. Entity Name IMAGE WORKS, LLC.					
Principal Place of Business IMAGWORKS, LLC 600 SANDTREE DRIVE, SUITE 206A PALM BEACH GARDENS, FL 33403			Mailing Address IMAGWORKS, LLC 600 SANDTREE DRIVE, SUITE 206A PALM BEACH GARDENS, FL 33403		
2. Principal Place of Business - No P.O. Box # 10800 N. MILITARY TRAIL		3. Mailing Address 10800 N. MILITARY TRAIL		 01252007 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc. SUITE 211		Suite, Apt. #, etc. SUITE 211			
City & State PALM BEACH GARDENS FL		City & State PALM BEACH GARDENS, FL			
Zip 33410		Zip 33410			
Country USA		Country USA		4. FEI Number 65-1098841	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LANDI, KAREN E 600 SANDTREE DRIVE, SUITE 206A PALM BEACH GARDENS, FL 33403			7. Name and Address of New Registered Agent Name WILLIAMSON, KAREN E. LANDI Street Address (P.O. Box Number is Not Acceptable) 10800 N. MILITARY TRAIL SUITE 211 City PALM BEACH GARDENS FL Zip Code 33410		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANDI, KAREN <input type="checkbox"/> Delete 600 SANDTREE DRIVE, SUITE 206A PALM BEACH GARDENS, FL 33403				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMSON, KAREN LANDI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10800 N. MILITARY TRAIL, SUITE 211 PALM BEACH GARDEN, FL 33410				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: _____ 1/25/07 Date Daytime Phone #					