
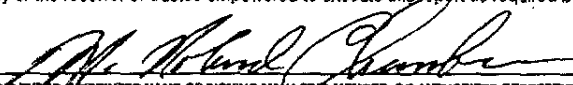


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000012425		
1. Entity Name IMAGINE THAT! LLC		
Principal Place of Business 1474 W. GRANADA BLVD. SUITE 415 ORMOND BEACH, FL 32174	Mailing Address 1474 W. GRANADA BLVD. SUITE 415 ORMOND BEACH, FL 32174	
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent CHAMBERS, MARY C 1474 W. GRANADA BLVD. SUITE 415 ORMOND BEACH, FL 32174		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>
Filing Fee is \$50.00 Due by May 1, 2005		<small>DATE</small> 04/29/05-80124-020 55.00
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAMBERS, MARY C 1474 W GRANADA BLVD, #415 ORMOND BEACH, FL 32174	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAMBERS, M. ROLAND 1474 W GRANADA BLVD, #415 ORMOND BEACH, FL 32174	
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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)(f), 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: 		04/26/05
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>