

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90162 002 ***143.75

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**

50003899



03252008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3734780	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHAMBERS, MARY C 1474 W GRANADA BLVD, #415 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHAMBERS, M. ROLAND 1474 W GRANADA BLVD, #415 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Carolyn Fitzwilliam 1474 W. Granada Blvd. #415 Ormond Beach, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *M. Roland Chambers* *M. Roland Chambers* 3/26/08 386-673-1202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #