

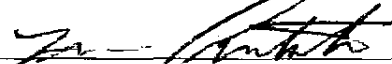


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000014049		
1. Entity Name DIVERSIFIED DISPLAY PRODUCTS OF SOUTH FLORIDA, LLC		
Principal Place of Business 16290 N.W. 13TH AVENUE MIAMI, FL 33169	Mailing Address 16290 N.W. 13TH AVENUE MIAMI, FL 33169	
DO NOT WRITE IN THIS SPACE		
		 01162006No Chg-LLC CRZE083 (11/05)
4. FEI Number 22-3823276		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent AVITABLE, LEE 16290 N.W. 13TH AVENUE MIAMI, FL 33169		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. (NOTE: Registered Agent Signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AVITABLE, LEE 16290 N.W. 13TH AVENUE MIAMI, FL 33169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YABLON, HAL 16290 N.W. 13TH AVENUE MIAMI, FL 33169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  LEON AVITABLE 3/24/06 305-623-7784 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		