


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90425 006 \*\*\*\*50.00

<b>DOCUMENT # L01000014246</b> 1. Entity Name <b>DA2! GRAPHICS, LLC</b>					
Principal Place of Business <b>2025 BRICKELL AVE. SUITE #1602 MIAMI, FL 33129</b>			Mailing Address <b>2025 BRICKELL AVE. SUITE #1602 MIAMI, FL 33129</b>		
2. Principal Place of Business <b>520 BRICKELL KEY DR.</b>		3. Mailing Address <b>520 BRICKELL KEY DR.</b>			
Suite, Apt. #, etc. <b>#C-428</b>		Suite, Apt. #, etc. <b>#C-428</b>		03012004 Chg-LLC CR2E083 (10/03)	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>65-1131496</b>	
Zip <b>33131</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SEMINARIO, CLAUDINA 2025 BRICKELL AVE. SUITE #1602 MIAMI, FL 33129</b>				7. Name and Address of New Registered Agent Name <b>SEMINARIO, CLAUDINA</b> Street Address (P.O. Box Number is Not Acceptable) <b>520 BRICKELL KEY DR. #C428</b> City <b>MIAMI FL</b> Zip Code <b>33131</b>	
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 <u><i>Claudia Seminario</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REITZE, MACARENA 635 EUCLID AVE. #101 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEMINARIO, CLAUDINA 2025 BRICKELL AVE. SUITE #1602 MIAMI, FL 33129	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REITZE, MACARENA 520 BRICKELL KEY DR. #C-428 MIAMI FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEMINARIO, CLAUDINA 520 BRICKELL KEY DR. #C-428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REITZE, MACARENA 520 BRICKELL KEY DR. #C-428 MIAMI FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEMINARIO, CLAUDINA 520 BRICKELL KEY DR. #C-428	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REITZE, MACARENA 520 BRICKELL KEY DR. #C-428 MIAMI FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEMINARIO, CLAUDINA 520 BRICKELL KEY DR. #C-428	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Claudia Seminario</i></u> <b>CLAUDINA SEMINARIO, MGR.</b> <span style="float: right;"><i>3/1/04</i></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					