2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022111

Entity Name: FABRA OFFSET DIVISION, LLC

FILED Jan 12, 2004 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|------------------------------------|
| Current Finicipal Flace of Dusiness. | New Fillicipal Flace of Dusiliess. |

15 SUNSHINE BLVD. ORMOND BEACH, FL 32174

Current Mailing Address: New Mailing Address:

15 SUNSHINE BLVD. ORMOND BEACH, FL 32174

FEI Number: 60-0000466 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 MCLAUGHLIN, JOHN
 Name:

 Address:
 15 SUNSHINE BLVD
 Address:

 City-St-Zip:
 ORMOND BEACH, FL 32174
 City-St-Zip:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 BERTELE, ANDRE
 Name:
 BERTELE, ANDREA

 Address:
 15 SUNSHINE BLVD
 Address:
 15 SUNSHINE BLVD

 City-St-Zip:
 ORMOND BEACH, FL 32174
 City-St-Zip:
 ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ANDREA BERTELE MR 01/12/2004