

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000060

FILED
Jan 16, 2009
Secretary of State

Entity Name: THE PRINT FACTORY, L.L.C.

Current Principal Place of Business:

3820 EXECUTIVE WAY
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

3820 EXECUTIVE WAY
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 80-0006969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACAULAY, ROBERT B
2525 PONCE DE LEON BLVD
SUITE 400
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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/MANAGERS:

Title: MGRM () Delete
Name: EDGMAN, LAURIE
Address: 2393 NW 184TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM () Delete
Name: EDGMAN, ROBERT
Address: 2393 NW 184TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM () Delete
Name: POLAN, NEAL
Address: 20 CAMERON DR.
City-St-Zip: GREENWICH, CT 06831

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT EDGMAN

MGRM

01/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date