
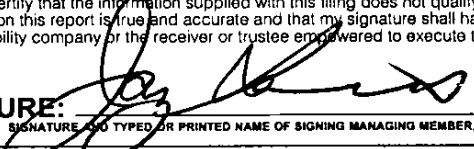


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90036 032 \*\*\*\*50.00

<b>DOCUMENT # L02000000435</b> 1. Entity Name <b>INTELLIGENT MICRO PATTERNING SYSTEM SOLUTIONS, LLC</b>					
Principal Place of Business <b>1922 ILLINOIS AVE. NE ST. PETERSBURG, FL 33703</b>			Mailing Address <b>1922 ILLINOIS AVE. NE ST. PETERSBURG, FL 33703</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>F &amp; L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202</b>				<b>7. Name and Address of New Registered Agent</b> Name <u>Sasserath, Jay</u> Street Address (P.O. Box Number is Not Acceptable) <u>1922 Illinois Avenue NE</u> City <u>St Petersburg</u> <b>FL</b> Zip Code <u>33703</u>	
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) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM DJ TECHNOLOGIES, LLC 1922 ILLINOIS AVE. NE ST. PETERSBURG, FL 33703</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			Date <u>4/27/06</u> Daytime Phone # <u>727-560-1154</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					