


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90024 041 \*\*\*\*50.00

<b>DOCUMENT # L02000004377</b>													
<b>1. Entity Name</b> GIGAPIXS LLC													
<b>Principal Place of Business</b> 6337 BENT TREE DR FAYETTEVILLE, NC 28314			<b>Mailing Address</b> 6337 BENT TREE DR FAYETTEVILLE, NC 28314										
<b>2. Principal Place of Business</b> 1853 LEYBOURNE LOOP Suite, Apt. #, etc.		<b>3. Mailing Address</b> PO Box 24462 Suite, Apt. #, etc.											
<b>City &amp; State</b> WESLEY CHAPEL, FL		<b>City &amp; State</b> TAMPA, FL		<b>4. FEI Number</b> 02-0558626									
<b>Zip</b> 33543		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>									
<b>6. Name and Address of Current Registered Agent</b>  BRUNO, LYNN 5408 ROWE TR PENSACOLA, FL 32571		<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2" style="padding: 2px;">Name</td></tr> <tr><td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td colspan="2" style="padding: 2px;">City</td></tr> <tr> <td style="width: 80%; padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code</td> </tr> </table>				Name		Street Address (P.O. Box Number is Not Acceptable)		City		FL	Zip Code
Name													
Street Address (P.O. Box Number is Not Acceptable)													
City													
FL	Zip Code												
<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.</b>													
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____													
<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	MGRM <input type="checkbox"/> Delete		TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	FANNING, ROBERT C		NAME	FANNING, ROBERT C									
STREET ADDRESS	6337 BENT TREE DR		STREET ADDRESS	1853 LEYBOURNE LOOP									
CITY-ST-ZIP	FAYETTEVILLE, NC 28314		CITY-ST-ZIP	WESLEY CHAPEL, FL 33543									
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
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STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
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STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
<b>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>													
<b>SIGNATURE:</b> <u>Robert C. Fanning</u>			<b>4/5/2006 (813) 281-3151</b>										
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>										