


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000012394</b> 1. Entity Name <b>STUDIO 4-D, LLC</b>	
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Principal Place of Business <b>110 EASTON DRIVE LAKELAND, FL 33803</b>	Mailing Address <b>110 EASTON DRIVE LAKELAND, FL 33803</b>
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**DO NOT WRITE IN THIS SPACE**



04102004 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>02-0600950</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LYONS, DORIS B 2115 BENFORD AVENUE LAKELAND, FL 33803</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 *Doris B. Lyons* **DORIS B. LYONS** 4/14/04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000119583  
04/19/04-80105-017 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LYONS, DORIS B 2115 BENFORD AVE. LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FORE, JULIANNE M 414 MAXWELL STREET LAKELAND, FL 33803
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**DO NOT WRITE  
IN THIS SPACE**

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: *Doris B. Lyons* **DORIS B. LYONS** 4/14/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #