

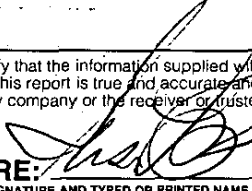


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90144 033 \*\*\*\*50.00

<b>DOCUMENT # L02000016709</b>					
<b>1. Entity Name</b> ARCHIVE IMAGING, L.L.C.					
<b>Principal Place of Business</b> 3515 DEL PRADO BLVD. SUITE 102 CAPE CORAL, FL 33903			<b>Mailing Address</b> 3515 DEL PRADO BLVD. SUITE 102 CAPE CORAL, FL 33903		
<b>2. Principal Place of Business</b> 3515 DEL PRADO BLVD. S.		<b>3. Mailing Address</b> 3515 DEL PRADO BLVD. S.			
Suite, Apt. #, etc. <b>SUITE 101</b>		Suite, Apt. #, etc. <b>SUITE 101</b>		04222004    Chg-LLC    CR2E083 (10/03)	
City & State <b>CAPE CORAL, FL</b>		City & State <b>CAPE CORAL, FL</b>		<b>4. FEI Number</b> 41-2073422	
Zip                      Country <b>33904</b> <b>USA</b>		Zip                      Country <b>33904</b> <b>USA</b>		<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>			<b>7. Name and Address of New Registered Agent</b>		
WILLIAM, POWELL M 3515 DEL PRADO BLVD. SUITE 101 CAPE CORAL, FL 33904			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)                      DATE _____					
<b>Filing Fee is \$50.00. Due by May 1, 2004.</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	MGR POWELL, SUSAN L 12591 ARBUCKLE COURT N. FORT MYERS, FL 33903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> 		<b>SUSAN L. POWELL, MGR.    4/29/04    (239) 540-3333</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	