
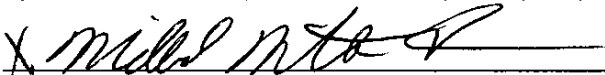


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90040 026 \*\*\*\*50.00

<b>DOCUMENT # L02000032512</b> 1. Entity Name <b>AUTOGRAPHICS, LLC</b>					
Principal Place of Business <b>1660 W. PLYMOUTH AVE. DELAND, FL 32720</b>			Mailing Address <b>1660 W. PLYMOUTH AVE. DELAND, FL 32720</b>		
2. Principal Place of Business <b>1420 TOMOKA FARMS RD</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>DAYTONA BEACH FL.</b>		City & State		4. FEI Number <b>06-1658388</b>	
Zip <b>32124</b>		Country <b>VOLUSIA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FRIEBIS, DANIEL S 3890 TURTLE CREEK DRIVE, SUITE B-1 PORT ORANGE, FL 32127</b>				7. Name and Address of New Registered Agent Name <b>DAN FRIEBIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>3890 TURTLE CREEK DRIVE SUITE B</b> City <b>PORT ORANGE</b> <b>FL</b> Zip Code <b>32127</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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<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 MARTIN DOYLE, MILLARD 1660 W. PLYMOUTH AVE. DELAND, FL 32720</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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> 			<b>4/10/06</b> <b>386-253-6771 EXT. 1303</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		