2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000032723

1. Entity Name
RAPID BLUEPRINT COMPANY, L.L.C.



Principal Place of Business

2774 SYDELLE STREET SARASOTA, FL 34237

SIGNATURE:

Mailing Address

2774 SYDELLE STREET SARASOTA, FL 34237

FILED Apr 05, 2004 08:00 AM Secretary of State



83232804 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0710686 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytena Phone #

6. Name and Address of Current Registered Agent

CHAPNICK, BRUCE P ICARD,MERRILL,CULLIS,TIMM,FUREN & GINSBURG 2033 MAIN STREET STE. 600 SARASOTA, FL 34237

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8. The above the obligat	named entity submits this statement for the purpose of charions of registered agent.	nging its registered	office or registered agent, or both, in	the State of Florida. I am familiar with, and	accept
SIGNATURE_			<u> </u>	<u> </u>	
	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered A	gent signature required when reinstating)	DATE	 _
Fi D	iling Fee is \$50.00 ue by May 1, 2004				
3.	MANAGING MEMOLAS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZAMETZ, CHRIS F 2774 SYDELLE STREET SARASOTA, FL 34237		·		,
TITLE NAME STREET ADDRESS CITY-ST 'UP	·		£	14705704-80081-002 50.1	JU U
TOTALE NAME STREE: DOFFLIS CITY-ST-ZIP			DO N	OT WRITE	
THE NAME STREET ADDRESS CHY-ST-ZIP			IN TH	IIS SPACE	
HILE NAME STREET #2DRESS CHY-ST-ZIP					
TITLE NAME STREET AUDRESS CITY-ST JP	1		•		

11. Thereby certify that the information supplied with this filling 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 occurate 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 flability company or the receiptyer or type. I employee to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE