

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90063 029 \*\*\*\*\*50.00

**34006648**



|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>DOCUMENT # L03000000384</b><br>1. Entity Name<br><b>ASI DISPLAYS, LLC</b>  |  |  |   |   |  |
| Principal Place of Business<br>13801 SW 144TH AVENUE ROAD<br>MIAMI, FL 33186  |  |  | Mailing Address<br>13801 SW 144TH AVENUE ROAD<br>MIAMI, FL 33186  |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |   |  |
| City & State  |  | City & State   |   |   |  |
| Zip   | Country  | Zip  | Country   |   |  |
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent   |   |  |
| ZIMMERMAN, MICHAEL J<br>13320 SW 128TH STREET<br>MIAMI, FL 33186  |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |   |  |
| 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<br/>Due by May 1, 2004</b>   |  | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGRM<br>THOMPSON, MICHAEL<br>13801 SW 144TH AVENUE ROAD<br>MIAMI, FL 33186 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 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>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |  | Date <u>3/22/04</u> Daytime Phone # <u>305/234-4479</u>   |   |  |