

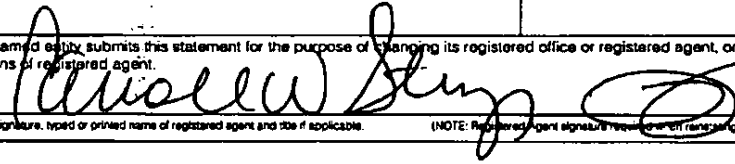
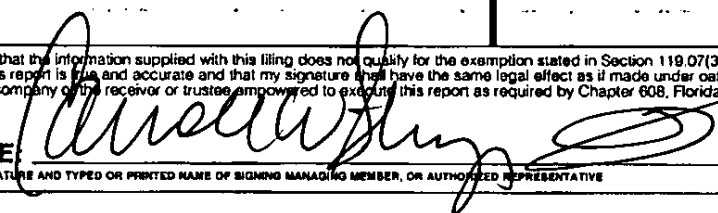


FILED
May 12, 2005 8:00 am
Secretary of State

04-20-2005 90029 027 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000001543			
1. Entity Name IMAGESOURCE, LLC			
Principal Place of Business 9 SE 9TH AVENUE SUITE 1 FT LAUDERDALE, FL 33301 US		Mailing Address 9 SE 9TH AVENUE SUITE 1 FT LAUDERDALE, FL 33301 US	
DO NOT WRITE IN THIS SPACE		30006073	
			
		04012005No Chg-LLC CR2E083 (10/03)	
		4. FEI Number 02-0663796	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			
BSPA CORPORATE SERVICES, INC. 350 EAST LAS OLAS BLVD. SUITE 1000 FT LAUDERDALE, FL 33301		DO NOT WRITE IN THIS SPACE	
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 		4/14/05	
Filing Fee is \$50.00 Due by May 1, 2005			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM IMAGESOURCE OF MEMPHIS, LLC 9 NORTH 2ND STREET MEMPHIS, TN 38103		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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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)(c), 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 		5/9/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	