


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90056 005 ****50.00

DOCUMENT # L03000003091 1. Entity Name CARD VIDEO, L.L.C.	
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Principal Place of Business 7501 QUAIL RUN COURT ORLANDO, FL 32819	Mailing Address 7501 QUAIL RUN COURT ORLANDO, FL 32819
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DO NOT WRITE IN THIS SPACE

20000846



01052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3666996	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVENPORT, ANDREW
7501 QUAIL RUN CT
ORLANDO, FL 32819**

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, KEITH E 7501 QUAIL RUN CT ORLANDO, FL 32819
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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.

SIGNATURE: *Andrew Davenport* *Jan 2005* *1-6-05* *407-425-5069*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #