

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L03000003091

1. Entity Name  
CARD VIDEO, L.L.C.



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

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

Principal Place of Business  
7501 QUAIL RUN COURT  
ORLANDO, FL 32819

Mailing Address  
7501 QUAIL RUN COURT  
ORLANDO, FL 32819

**DO NOT WRITE IN THIS SPACE**

01052005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3666996	<input type="checkbox"/> 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WILSON, KEITH E
STREET ADDRESS	7501 QUAIL RUN CT
CITY-ST-ZIP	ORLANDO, FL 32819

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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*

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

1-6-05 40-425-5069

Date

Daytime Phone #