2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000006398

1. Entity Name

MADEIRA PRINTING, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 12 PM 2:22
LC 04/21/04

Principal Place of Business	Mailing Address
213 - 150TH AVENUE MADEIRA BEACH FL 33708	213 - 150TH AVENUE MADEIRA BEACH FL 33708

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt # etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 34-1975148 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VAN HOVEN, ABRAM A 213 - 150TH AVENUE MADEIRA BEACH FL 33708	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	manager June M. Van Hoven 213 150th Ave Madeira Beach, FL 33708 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	U00000016081 01/28/04-80039-018 50.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	manager Abram A. Van Hoven 213 150th Ave Madeira Beach, FL 33708 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Daniel L. Van Hoven 213 150th Ave Madeira Beach, FL 33708 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Abram A. Van Hoven, Mgr. 04/07/04 727 391 6743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #