

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90019 036 \*\*\*\*50.00

<b>DOCUMENT # L03000014278</b> 1. Entity Name <b>ROTRAN VISUAL SUPPORT, LLC</b>			
Principal Place of Business <b>338 NORTH ORANGE AVENUE ORLANDO, FL 32801</b>		Mailing Address <b>338 NORTH ORANGE AVENUE ORLANDO, FL 32801</b>	
2. Principal Place of Business <b>2692 West Lake Mary Blvd.</b> Suite, Apt. #, etc. <b>Suite 1000</b> City & State <b>Lake Mary, Florida</b> Zip <b>32746</b>		3. Mailing Address <b>2692 West Lake Mary Blvd.</b> Suite, Apt. #, etc. <b>Suite 1000</b> City & State <b>Lake Mary, Florida</b> Zip <b>32746</b>	
4. FEI Number <b>98-0426724</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MEDLIN SHARRON 338 NORTH ORANGE AVENUE ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent Name <b>Medlin, Sharron</b> Street Address (P.O. Box Number is Not Acceptable) <b>2692 West Lake Mary Blvd.</b> <b>Suite 1000</b> City <b>Lake Mary</b> <b>FL</b> Zip Code <b>32746</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for 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 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME <b>P, S, D Roger Stockwell</b> STREET ADDRESS <b>2692 West Lake Mary Blvd, Suite 1000</b> CITY-ST-ZIP <b>Lake Mary, FL 32746</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> <u><b>ROGER STOCKWELL</b></u>		Date <b>12.4.04</b>	Daytime Phone # <b>+44 1234 831000</b>

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