


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90138 037 ****50.00

DOCUMENT # L03000027470					
1. Entity Name IMAGINE PRESS, LLC					
Principal Place of Business 515 WASHINGTON ST. JACKSONVILLE, FL 32202 US			Mailing Address <i>515 Washington St</i> 2315 COVINGTON CREEK JACKSONVILLE, FL 32225 US 32202		
2. Principal Place of Business		3. Mailing Address <i>515 Washington St</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>Jacksonville FL</i>		4. FEI Number 55-0841146	
Zip		Zip <i>32202</i>		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent MILLER, ALISON R C/O STUTSMAN & THAMES, P.A. 121 W. FORSYTH STREET, SUITE 600 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP WARE, TIMOTHY D 515 WASHINGTON ST JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP WARE, D. DELANO 515 WASHINGTON ST JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARE, JOHNNA 515 WASHINGTON ST JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP WARE, JOHNNA 515 WASHINGTON ST JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP WARE, JOHNNA 515 WASHINGTON ST JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP WARE, JOHNNA 515 WASHINGTON ST JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP WARE, JOHNNA 515 WASHINGTON ST JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete			
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: <i>Timothy D. Ware</i> Timothy D. Ware			3-15-05 904.359.0402		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

20022014



03142005 Chg-LLC CR2E083 (10/03)