2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028569

FILED
Mar 19, 2009
Secretary of State

Entity Name: ONE STOP DISPLAYS, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
310 GENIUS DR. WINTER PARK, FL 32789	245 MAISON CT ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:	**New Mailing Address:**
310 GENIUS DR. WINTER PARK, FL 32789	245 MAISON CT ALTAMONTE SPRINGS, FL 32714

FEI Number: 55-0842311 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
KHUDA, KHALED R 310 GENIUS DRIVE WINTER PARK, FL 32789 US	KHUDA, KHALED R 245 MAISON CT ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE: 03/19/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:		**ADDITIONS/CHANGES:**	
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	L.N.LTD., LLP,	Name:	L.N.LTD., LLP,
Address:	310 GENIUS DRIVE	Address:	245 MAISON CT
City-St-Zip:	WINTER PARK, FL 32789	City-St-Zip:	ALTAMONTE SPRINGS, FL 32714
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	KHUDA, KHALED R KHALED	Name:	KHUDA, KHALED R KHALED
Address:	310 GENIUS DRIVE	Address:	245 MAISON CT
City-St-Zip:	WINTER PARK, FL 32789	City-St-Zip:	ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KHALED R.KHUDA MR 03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date