


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90034 011 \*\*\*\*50.00

DOCUMENT # L03000029105			
1. Entity Name DIGITAL GRAPHICS PRINTING, LLC			
Principal Place of Business 205 MONTGOMERY AVE BUILDING # 1 SARASOTA, FL 34243		Mailing Address 205 MONTGOMERY AVE BUILDING # 1 SARASOTA, FL 34243	
2. Principal Place of Business - No P.O. Box # 3515 14TH ST, WEST Suite, Apt. #, etc.		3. Mailing Address 3515 14TH ST, WEST Suite, Apt. #, etc.	
City & State BRADENTON, FL Zip 34205 Country		City & State BRADENTON, FL Zip 34205 Country	
4. FEI Number 30-0194132		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01262007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  RATERINK, MICHAEL JAY JD ESQ 8051 N TAMIAMI TRAIL SUITE D4, P.O. BOX 33 SARASOTA, FL 34243		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 _____			
<b>Filing Fee is \$50.00 Due by May 1, 2007</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	MGRM CASTER, DEVORAH 205 MONTGOMERY AVE, # 1 SARASOTA, FL 34243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASTOR, DEVORAH 3515 14TH ST. WEST BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input 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
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
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
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
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Devorah Caster</u>		1-26-07 941-757-1880	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	