


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90140 010 \*\*\*\*55.00

<b>DOCUMENT # L03000039473</b> 1. Entity Name <b>USA PRINT MANAGEMENT, LLC</b>					
Principal Place of Business <b>1480 ROOSEVELT AVENUE, #105 MELBOURNE, FL 32901</b>			Mailing Address <b>1480 ROOSEVELT AVENUE, #105 MELBOURNE, FL 32901</b>		
2. Principal Place of Business <b>1602 LARAMIE CIRCLE</b>		3. Mailing Address <b>1602 LARAMIE CIRCLE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>MELBOURNE, FL</b>		City & State <b>MELBOURNE FL</b>		4. FEI Number <b>80-0079141</b>	
Zip <b>32940</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GOLUMBECK, DAVID F 1480 ROOSEVELT AVENUE, #105 MELBOURNE, FL 32901</b>		7. Name and Address of New Registered Agent Name <b>GOLUMBECK, DAVID F.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1602 LARAMIE CIRCLE</b> City <b>MELBOURNE</b> <b>FL</b> Zip Code <b>32940</b>			
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 <u>David F. Golumbeck</u> / <b>DAVID F. GOLUMBECK</b> <u>8/17/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLUMBECK, DAVID F 1480 ROOSEVELT AVENUE, #105 MELBOURNE, FL 32901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLUMBECK, DAVID F 1602 LARAMIE CIRCLE MELBOURNE, FL 32940
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" 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.					
SIGNATURE: <u>David F. Golumbeck</u> / <b>DAVID F. GOLUMBECK</b> <u>8/17/04</u> <u>321-431-8491</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					