2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED Jul 16, 2007 08:00 AM DOCUMENT # L03000046205 1. Entity Name **Secretary of State** IMSM, LLC Principal Place of Business Mailing Address 12700 WHITBY ST. 12700 WHITBY ST. WELLINGTON, FL 33414 WELLINGTON, FL 33414 07062007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0410029 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HODGDON, JR., JOHN F DO NOT WRITE 12700 WHITBY STREET WELLINGTON, FL 33414 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agant signature required when reinstating) 07/15/07-80013-004 50.00 Filing Fee is \$50.00 Due by September 14, 2007 MANAGING MEMBERS/MANAGERS 9. MGR ग्राLE HODGDON, JOHN F JR NAME STREET ADDRESS 12700 WHITBY ST. WELLINGTON, FL 33414 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-789 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 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 of the receiver or trustee empoyed to execute this report as required by Chapter 608, Florida Statutes.

Daytime Phone #