

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000002380

**FILED**  
**Jan 19, 2006**  
**Secretary of State**

**Entity Name:** IMAGICA LLC

**Current Principal Place of Business:**

5084 WINDWARD AVENUE  
SARASOTA, FL 34242 US

**New Principal Place of Business:**

**Current Mailing Address:**

5084 WINDWARD AVENUE  
SARASOTA, FL 34242 US

**New Mailing Address:**

**FEI Number:** 20-0216829

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

JOHNSON, PERRY B  
5084 WINDWARD AVENUE  
SARASOTA, FL 34242 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JOHNSON, PERRY B PRES  
Address: 5084 WINDWARD AVENUE  
City-St-Zip: SARASOTA, FL 34242 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PERRY B JOHNSON

MR.

01/19/2006

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