2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000003059

1. Entity Name
DIGITAL COLLIMATION LLC

Principal Place of Business	Mailing Address
3724 SE MATANZAS ST. STUART, FL 34996 US	P.O. BOX 1679 STUART, FL 34995 US

DO NOT WRITE IN THIS SPACE

02272006No Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ALLISON, JAMES W III
3724 SE MATANZAS ST.
STUART, FL FL

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ALLISON, JAMES W III
STREET ADDRESS	3724 SE MATANZAS ST.
CITY-ST-ZIP	STUART, FL 34996
TITLE	MGRM
NAME	ALLISON, SANDRA A
STREET ADDRESS	3724 SE MATANZAS ST.
CITY-ST-ZIP	STUART, FL 34996
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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04/12/06-80076-025 50.00

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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: JAMES W. ALLISON III 2/27/06 772-463-0552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #