


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L04000008355</b><br>1. Entity Name<br>VIDEA GROUP, LLC |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>1656 SE. 6TH STREET<br>DEERFIELD BEACH, FL 33441 | Mailing Address<br>1656 SE. 6TH STREET<br>DEERFIELD BEACH, FL 33441 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01172006No Chg-LLC

CR2E083 (11/05)

|   |                                    |
|---|------------------------------------|
| 4. FEI Number<br>58-2437295                               | Applied For<br>Not Applicable      |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional<br>Fees Required |

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|--|
| 6. Name and Address of Current Registered Agent<br><br>MCCARTHY, WILLIAM ESQ.<br>C/O WILLIAM MCCARTHY, P.A.<br>2263 N.W. 2ND AVENUE, SUITE 211<br>BOCA RATON, FL 33431 |
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>PFIESTER, JR, DAVID J OWNER<br>1656 SE 6TH STREET<br>DEERFIELD BEACH, FL 33441 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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02/15/06-80037-012 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: David J Pfister Jr 1/23/06 954-426 5305  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #