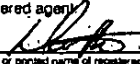


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

04-19-2005 90019 016 ****50.00

DOCUMENT # L04000013553			
1. Entity Name SEALTITE GRAPHICS, LLC			
Principal Place of Business 3001 N. ROCKY POINT DRIVE EAST, #200 TAMPA, FL 33607		Mailing Address 3001 N. ROCKY POINT DRIVE EAST, #200 TAMPA, FL 33607	
2. Principal Place of Business 1818 Olive ST		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lakeland, Florida		City & State	
Zip 33815		Country POIK	
4. FEI Number 55-0889124		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NEIL F. LEWIS, P.A. 505 EAST JACKSON ST., #213 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name: DENNIS BURT Street Address (P.O. Box Number is Not Acceptable) 1818 Olive ST City: Lakeland FL Zip Code: 33815	
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: April 12/05 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing))			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURT, DENNIS S 3001 N. ROCKY POINT DR. EAST #200 TAMPA, FL 33607 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURT DENNIS 1818 Olive ST Lakeland, Florida, 33815 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEWIS, NEIL F 505 EAST JACKSON STREET, #213 TAMPA, FL 33602 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Date: April 12/05 Daytime Phone: 863-802-0251	