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Secretary of State

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

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000013553

1. Entity Name
SEALTITE GRAPHICS, LLC

Principal Place of Business	Mailing Address
~~3001 N. ROCKY POINT DRIVE EAST, #200 TAMPA, FL 33607~~	~~3001 N. ROCKY POINT DRIVE EAST, #200 TAMPA, FL 33607~~

03242005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1818 Olive ST	← SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, Florida	City & State
Zip: 33815 Country: Polk	Zip Country

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: [signature] April 12/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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: [signature] April 12/05 863-802-0251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #