2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2005
Secretary of State

DOCUMENT# L04000039851

Entity Name: MULTIDIMENSIONAL PRODUCTS, LLC

Current Principal Place of Business:

80 FOXCROFT RUN
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

80 FOXCROFT RUN
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVILA, SANDRA
80 FOXCROFT RUN
ORMOND BEACH, FL 32174 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/MEMBERS:

Title:	MGR	( ) Delete
Name:	DAVILA, SANDRA	
Address:	80 FOXCROFT RUN	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	MGRM	( ) Delete
Name:	BROOME, ERIN	
Address:	77 FOXCROFT RUN	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	MGRM	( ) Delete
Name:	GIACOBBE, GAYLE	
Address:	54 FOXCROFT RUN	
City-St-Zip:	ORMOND BEACH, FL 32174	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	GIACOBBE, GAYLE	
Address:	57 FOXCROFT RUN	
City-St-Zip:	ORMOND BEACH, FL 32174	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GAYLE GIACOBBE MGRM 02/09/2005

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