## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, WANAGER, OR AUTHORIZED REPRESENTATIVE

## FILED May 03, 2006 8:00 am Secretary of State 05-03-2006 90027 027 \*\*\*\*50.00

DOCUMENT # L0400059671  1. Entity Name IMAGES, LLC						05-03-2006 90027 027 ****50.00				
Principal Place of Business Mailing Address										
1414 N.W. 107 AVENUE 1414 N.W. 107 AVEN			ΙE							
109	2172 (16	109 MIAMI, FL 33172 US				60035224				
MIAMI, FL 33172 US MIAMI, FL 3			, FL 33172 US			48    8    8    81    61    61			[[]   <b>  ] ]  </b>	
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04272006	Chg-LLC	CR2E083 (11/			
City & State		City & State			4. FEI Numb	ED FOR 20-148/576 Not Applicable				
Zip	Country	Zip	Country		5. Certificate	Certificate of Status Desired S5.00 Additional Fee Required				
	6. Name and Address of Current I		l		7. Name and	1 Address of New R				
C. Italia ata Addioso di Cariatir tagliadio Again					Name					
1414 N.W.	BALZOLA, CARLOS 1414 N.W. 107 AVENUE				Street Address (P.O. Box Number is Not Acceptable)					
109   MIAMI, FL	33172									
:	00.1.2	City	City FL Zip Code							
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 a	ad title if annihologies (MOT	C: Donintera	1 Asset eignsture regi	uired when reinstating)		DATE			
	Signature, typed or printed name or registered agent a	TO the II appacable. (NOT	L. negistere	- Agent signature requ	undo Hiloritas Islandy					
Filing Fee is \$50.00 Due by May 1, 2006							e check payable Department of S			
9.	MANAGING MEMBERS/MANAGERS 10					ADDITIONS/	CHANGES	<del></del>		
TITLE	MGR 2000	Delete	TITL			ABBITION OF	☐ Chai	nge	Addition	
NAME	BALZOLA, CARLOS-		NAM	Ε						
STREET ADDRESS	1414 N.W. 107 AVENUE, SUITE	109		ET ADDRESS					j	
CITY-ST-ZIP	MIAMI, FL 33172			- \$T-ZIP			□ cho		- Addition	
TITLE NAME	MGR FERNANDEZ PLA, JORGE	☐ Delete	TITLI				☐ Cha	nge	Addition	
STREET ADDRESS	1414 N.W. 107 AVENUE, SUITE 109			ET ADDRESS						
CITY-ST-ZIP	MIAMI, FL 33172		CITY	-ST-ZIP						
TITLE	MGR	☐ Delete	TITL	:			☐ Cha	nge	☐ Addition	
NAME	GONZALEZ, GLENDA	400	NAM	- I						
STREET ADDRESS CITY-ST-ZIP	1414 N.W. 107 AVENUE, SUITE MIAMI, FL 33172	109		ET ADDRESS : -ST-ZIP					,	
TITLE	WIAWI, FC 33172	☐ Delete	TITL				☐ Cha	nne	Addition	
NAME		C Deside	NAM	l l				90		
STREET ADDRESS			STRE	ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
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NAME STREET ADDRESS			MAM STRI	E Et address					Ì	
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITL	-		···	☐ Cha	nge	Addition	
NAME			NAM	£			<del></del>	-	1	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP	<u> </u>			-ST-ZIP		The late of the state of the		. :		
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 truetee employered to execute this report as required by Chapter 608, Florida Statutes.										