

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076701

FILED  
Jul 10, 2006  
Secretary of State

Entity Name: INSTANT PRINT PROMOTIONS, LLC

## Current Principal Place of Business:

15713 MUIRFIELD DRIVE  
ODESSA, FL 33556

## New Principal Place of Business:

42080 US HIGHWAY 19 NORTH  
TARPON SPRINGS, FL 34689

## Current Mailing Address:

15713 MUIRFIELD DRIVE  
ODESSA, FL 33556

## New Mailing Address:

42080 US HIGHWAY 19 NORTH  
TARPON SPRINGS, FL 34689

FEI Number: 20-1786530      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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/MANAGERS:

Title: MGR ( ) Delete  
Name: PARRISH, DAVID L  
Address: 15713 MUIRFIELD DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: MGR ( ) Delete  
Name: NICHOLSON, WILLIAM C  
Address: 15713 MUIRFIELD DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: S ( ) Delete  
Name: NICHOLSON, WILLIAM C  
Address: 15713 MUIRFIELD DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: T ( ) Delete  
Name: PARRISH, DAVID L  
Address: 15713 MUIRFIELD DRIVE  
City-St-Zip: ODESSA, FL 33556

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: NICHOLSON, WILLIAM C  
Address: 15713 MUIRFIELD  
City-St-Zip: ODESSA, FL 33556

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: WILLIAM NICHOLSON

MGR

07/10/2006

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