

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076701

FILED
May 30, 2007
Secretary of State

Entity Name: INSTANT PRINT PROMOTIONS, LLC

Current Principal Place of Business:

42080 US HIGHWAY 19 NORTH
TARPON SPRINGS, FL 34689

New Principal Place of Business:

2435 US HWY 19 NORTH
200-210
HOLIDAY, FL 34691

Current Mailing Address:

42080 US HIGHWAY 19 NORTH
TARPON SPRINGS, FL 34689

New Mailing Address:

2435 US HWY 19 NORTH
200-210
HOLIDAY, FL 34691

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:

NICHOLSON, WILLIAM C
2435 US HWY 19 NORTH
200-210
HOLIDAY, FL 34691 US

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: WILLIAM NICHOLSON

05/30/2007

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
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: MGR (X) Change () Addition
Name: PARRISH, DAVID L
Address: 2435 US HWY 19 N #200-210
City-St-Zip: HOLIDAY, FL 34691

Title: MGR (X) Change () Addition
Name: NICHOLSON, WILLIAM C
Address: 2435 US HWY 19 N #200-210
City-St-Zip: HOLIDAY, FL 34691

Title: S (X) Change () Addition
Name: NICHOLSON, WILLIAM C
Address: 2435 US HWY 19 N #200-210
City-St-Zip: HOLIDAY, FL 34691

Title: T (X) Change () Addition
Name: PARRISH, DAVID L
Address: 2435 US HWY 19 N #200-210
City-St-Zip: HOLIDAY, FL 34691

I hereby certify that the information supplied with this filing does not qualify 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

05/30/2007

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