

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081674

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: THOMSON PHOTO IMAGING, LLC

**Current Principal Place of Business:**

4210 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

4210 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 73-1735082

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEWART AGENT SERVICES  
2199 PONCE DE LEON BOULEVARD  
SUITE 301  
CORAL GABLES, FL 33134 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: HELLMUND, RICARDO  
Address: 4210 PONCE DE LEON BOULEVARD  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR ( ) Delete  
Name: SILEN, HECTOR  
Address: 4210 PONCE DE LEON BOULEVARD  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR ( ) Delete  
Name: HELLMUND, CARLOS JR  
Address: 4210 PONCE DE LEON BOULEVARD  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR ( ) Delete  
Name: STINSON, LOUIS JR  
Address: 2199 PONCE DE LEON BOULEVARD, SUITE 301  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

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

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

Title: MGR ( ) Change (X) Addition  
Name: HELLMUND, CARLOS SR  
Address: APARTO 589  
City-St-Zip: CARACAS, VE 1010-A VE

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: LOUIS STINSON, JR.

MGR

04/30/2005

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