

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087690

Entity Name: ULTRA-IMAGES, LLC

FILED
Apr 20, 2007
Secretary of State

Current Principal Place of Business:

4793 NE 11TH AVE
FT LAUDERDALE, FL 33334

New Principal Place of Business:

6130 W. TROPICANA AVENUE
SUITE 215
LAS VEGAS, NV 89103 US

Current Mailing Address:

2500 N. MILITARY TRAIL
SUITE 260
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 59-3788397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD S. GOLDSTEIN AND ASSOCIATES, LLC
2500 N. MILITARY TRAIL
SUITE 260
BOCA RATON, FL 33431 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: ANDERSON, RICHARD
Address: 4793 NE 11TH AVE
City-St-Zip: FT LAUDERDALE, FL 33334

Title: MGR () Delete
Name: ANDERSON, ESZTER
Address: 4793 N.E. 11TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33334

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ANDERSON, RICHARD
Address: 6130 W. TROPICANA AVENUE, SUITE 215
City-St-Zip: LAS VEGAS, NV 89103 US

Title: MEMB (X) Change () Addition
Name: ANDERSON, ESZTER
Address: 6130 W. TROPICANA AVENUE, SUITE 215
City-St-Zip: LAS VEGAS, NV 89103 US

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: RICHARD ANDERSON

MGRM

04/20/2007

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