

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003089

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: SCANNING INNOVATIONS, LLC

**Current Principal Place of Business:**

816 11TH STREET  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1350  
PALM HARBOR, FL 346821350

**New Mailing Address:**

FEI Number: 41-2195825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HERRICK, DENISE M  
816 11TH STREET  
PALM HARBOR, FL 34683 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: MGRM ( ) Delete  
Name: HERRICK, DENISE M  
Address: 595 HOLLOW RIDGE ROAD  
City-St-Zip: PALM HARBOR, FL 34683 US

Title: MGRM ( ) Delete  
Name: GAVER, CARL A  
Address: 595 HOLLOW RIDGE ROAD  
City-St-Zip: PALM HARBOR, FL 34683 US

Title: MGRM ( ) Delete  
Name: BEREHULKA, SUSAN M  
Address: 2572 NORTHFIELD LANE  
City-St-Zip: CLEARWATER, FL 33761 US

Title: MGRM ( ) Delete  
Name: HERRICK, NORMAN D  
Address: 816 11TH STREET  
City-St-Zip: PALM HARBOR, FL 34683 US

**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:

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: SUSAN M. BEREHULKA

MGRM

04/26/2007

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