

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007246

Entity Name: XPRESSIONS, LLC

FILED  
Apr 30, 2006  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 781293  
ORLANDO, FL 328781293 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 781293  
ORLANDO, FL 328781293 US

**New Mailing Address:**

FEI Number: 20-2221008

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

INDERWIESEN, MATTHEW B  
9745 WORTHINGTON RIDGE ROAD  
ORLANDO, FL 328298208 US

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

SHREFFLER, BRADLEY R  
202 FIELDSTREAM NORTH BLVD  
ORLANDO, FL 32825 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: BRADLEY R SHREFFLER

04/30/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SHREFFLER, BRADLEY R  
Address: 202 FIELDSTREAM NORTH BLVD.  
City-St-Zip: ORLANDO, FL 32825 US

Title: MGR ( ) Delete  
Name: INDERWIESEN, MATTHEW B  
Address: 9745 WORTHINGTON RIDGE ROAD  
City-St-Zip: ORLANDO, FL 328298208 US

**ADDITIONS/CHANGES:**

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: BRADLEY R SHREFFLER

MGR

04/30/2006

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