

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008537

Entity Name: HYDRAGRAPHIK LLC

FILED  
Jan 08, 2008  
Secretary of State

## Current Principal Place of Business:

115 TIMBERLACHEN CIRCLE  
SUITE 1023  
LAKE MARY, FL 32746 US

## Current Mailing Address:

115 TIMBERLACHEN CIRCLE  
SUITE 1023  
LAKE MARY, FL 32746 US

## New Principal Place of Business:

150 N ORANGE AVE.  
SUITE 300  
ORLANDO, FL 32801 US

## New Mailing Address:

150 N ORANGE AVE.  
SUITE 300  
ORLANDO, FL 32801 US

FEI Number: 20-2232148

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JONES, ROBERT D PRESIDE  
115 TIMBERLACHEN CIRCLE  
SUITE 1023  
LAKE MARY, FL 32746 US

## Name and Address of New Registered Agent:

JONES, ROBERT D PRESIDE  
150 N ORANGE AVE  
SUITE 300  
ORLANDO, FL 32801 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: ROBERT JONES

01/08/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: PRES ( ) Delete  
Name: JONES, ROBERT D PRESIDE  
Address: 115 TIMBERLACHEN CIRCLE  
City-St-Zip: LAKE MARY, FL 32746 US

Title: DIR. (X) Delete  
Name: EDWARDS, CALEB T DIRECTO  
Address: 115 TIMBERLACHEN CIRCLE  
City-St-Zip: LAKE MARY, FL 32746 US

## ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition  
Name: JONES, ROBERT D PRESIDE  
Address: 150 N ORANGE AVE STE 300  
City-St-Zip: ORLANDO, FL 32801 US

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: ROBERT JONES

OWNE

01/08/2008

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