


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90297 014 \*\*\*\*62.00

**DOCUMENT # L05000009883**

1. Entity Name  
**AMAZING GRAPHICS, L.L.C.**



Principal Place of Business  
 293 MARACA STREET  
 PUNTA GORDA, FL 33983

Mailing Address  
 293 MARACA STREET  
 PUNTA GORDA, FL 33983



2. Principal Place of Business  
 5004 E FOWLER AVE  
 Suite, Apt. #, etc.  
 C-312

3. Mailing Address  
 5004 E FOWLER AVE  
 Suite, Apt. #, etc.  
 C-312

03112006 Chg-LLC CR2E083 (11/05)

City & State  
 TAMPA FLORIDA

City & State  
 TAMPA FLORIDA

Zip  
 33612

Country  
 USA

4. FEI Number  
 810665471

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

HUNTER, DAMIEN  
 293 MARACA STREET  
 PUNTA GORDA, FL 33983

HUNTER, DAMIEN  
 5004 E FOWLER AVE  
 STE C-312  
 TAMPA FL 33612

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 3-10-06

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

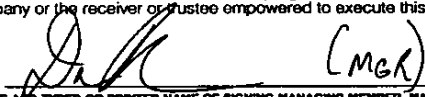
Filing Fee is \$50.00  
 Due by May 1, 2006

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUNTER, DAMIEN 293 MARACA STREET PUNTA GORDA, FL 33983 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURRAY, JONATHAN 293 MARACA STREET PUNTA GORDA, FL 33983 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUNTER DAMIEN 5004 E FOWLER AVE STE C-312 TAMPA FL 33612 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURRAY, JONATHAN 5004 E FOWLER AVE STE C-312 TAMPA FL 33612 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  (MGR) DATE 3-10-06 DAYTIME PHONE 813 965 5097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE