



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 20, 2007 8:00 am**  
**Secretary of State**

08-20-2007 90183 024 \*\*\*\*55.00

<b>DOCUMENT # L05000009883</b> 1. Entity Name <b>AMAZING GRAPHICS, L.L.C.</b>					
Principal Place of Business <b>5004 E FOWLER AVE STE C-312 TAMPA, FL 33612</b>			Mailing Address <b>5004 E FOWLER AVE STE C-312 TAMPA, FL 33612</b>		
2. Principal Place of Business - No P.O. Box # <b>1971 W. Lumsden Rd</b>		3. Mailing Address <b>1971 W. Lumsden Rd</b>			
Suite, Apt. #, etc. <b>265</b>		Suite, Apt. #, etc. <b>265</b>		07232007 Chg-LLC CR2E083 (12/06)	
City & State <b>Brandon, FL</b>		City & State <b>Brandon, FL</b>		4. FEI Number <b>81-0665471</b>	
Zip <b>33511</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HUNTER, DAMIEN 5004 E FOWLER AVE STE C-312 TAMPA, FL 33612</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1971 W. Lumsden Road</b> <b>Suite #265</b> City <b>Brandon</b> <b>FL</b> Zip Code <b>33511</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Damien Hunter</i></u> <b>Damien Hunter</b> <b>7.23.07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HUNTER, DAMIEN 5004 E FOWLER AVE., STE C-312 TAMPA, FL 33612	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MURRAY, JONATHAN 5004 E FOWLER AVE., STE C-312 TAMPA, FL 33612	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MURRAY, JONATHAN 5004 E FOWLER AVE., STE C-312 TAMPA, FL 33612	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MURRAY, JONATHAN 5004 E FOWLER AVE., STE C-312 TAMPA, FL 33612	<input type="checkbox"/> Delete			
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 606, Florida Statutes.					
<b>SIGNATURE:</b> <u><i>Damien Hunter</i></u> <b>Damien Hunter</b> <b>7.23.07 (813) 684-8437</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					