


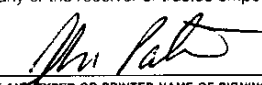
2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90034 021 \*\*\*\*50.00

40033606



<b>DOCUMENT # L05000036091</b>							
1. Entity Name IMV FILMS, LLC							
Principal Place of Business 17912 N.W. 112TH BLVD. ALACHUA, FL 32615			Mailing Address PO BOX 1991 ALACHUA, FL 32616				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEE Number <b>56-251-45-68</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Additional Fee Required <b>\$5.00</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>CLAPP, VIRGINIA E</b> <b>4041 NW 37TH PLACE - SUITE B</b> <b>GAINESVILLE, FL 32606</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			STREET ADDRESS	<b>MGRM</b> <b>John B. Partin</b>			
CITY-ST-ZIP			CITY-ST-ZIP	<b>17912 NW 112 Blvd.</b> <b>Alachua, FL 32615</b>			
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			STREET ADDRESS	<b>MGRM</b> <b>Savitar Charudattan</b>			
CITY-ST-ZIP			CITY-ST-ZIP	<b>8520 NW 2 Pl, Gainesville, FL 32607</b>			
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			STREET ADDRESS	<b>MGRM</b> <b>Davian E. Pagan</b>			
CITY-ST-ZIP			CITY-ST-ZIP	<b>4606 NW 30 Ave, Gainesville, FL 32606</b>			
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			STREET ADDRESS	<b>MGRM</b> <b>R. Michael Ihms</b>			
CITY-ST-ZIP			CITY-ST-ZIP	<b>12957 Mallory Circle #205, Orlando, FL 32828</b>			
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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:  <b>John Partin</b>			Date: <b>4/17/06</b> Daytime Phone #: <b>386 418 8094</b>				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							

# ATTACHMENT

LAW OFFICES

## SCRUGGS & CARMICHAEL, P.A.

DOWNTOWN OFFICE:

ONE S.E. FIRST AVENUE 32601  
POST OFFICE BOX 23109 32602  
GAINESVILLE, FLORIDA  
TELEPHONE (352) 376-5242  
FAX (352) 375-0690

WEST OFFICE:

METROCORP CENTER  
4041 N.W. 37TH PLACE  
SUITE B  
GAINESVILLE, FLORIDA 32608  
TELEPHONE (352) 374-4120  
FAX (352) 378-9326

REPLY  
DOWNTOWN

REPLY  
WEST OFFICE

JAMES G. LARCHE, JR.  
JOHN F. ROSCOW III  
STAN CUSHMAN †  
FRANK P. SAIER  
PHILIP A. DeLANEY  
CHARLES W. LITTELL  
MITZI COCKRELL AUSTIN †  
JOHN G. STINSON  
KAREN K. SPECIE  
KEVIN DALY  
RAYMOND M. IVEY  
JEFFREY R. DOLLINGER  
JEFFERSON M. BRASWELL  
KEVIN D. JURECKO  
KIRSTIN J. STINSON  
ELIZABETH A. MARTIN  
VIRGINIA E. CLAPP  
†CERTIFIED FAMILY MEDIATOR  
‡CERTIFIED CIVIL MEDIATOR

SIOSBEE L. SCRUGGS  
1898-1983  
PARKS M. CARMICHAEL  
1909-1994  
WILLIAM D. PRIDGEON  
1933-1980  
MICHELLE VAUGHNS  
1946-1982  
WILLIAM N. LONG  
1920-2003  
RETIRED  
RAY D. HELPLING  
WILLIAM C. ANDREWS

Email: clapp@scruggs-carmichael.com

April 19, 2006

20033106

Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

Re: *2006 Annual Report*  
*IMV Films, LLC (DOC #L05000036091)*

Dear Sir or Madam:

Please find enclosed the 2006 Limited Liability Company Annual Report for IMV Films, LLC and a check in the amount of \$50.00 for the filing fee.

Very truly yours,

SCRUGGS & CARMICHAEL, P.A.

By:

*Virginia E. Clapp*  
Virginia E. Clapp, Esquire

VEC/kmm

Encl as stated

cc: John Partin  
Steve Berryhill, CPA via fax: 375-8349