

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048123

Entity Name: GSRIMAGES LLC

FILED
May 30, 2006
Secretary of State

Current Principal Place of Business:

529 DOGWOOD HILL ST.
LOOGOOTE, IN 47553

New Principal Place of Business:

143 KEVIN CT
ZIONSVILLE, IN 46077

Current Mailing Address:

529 DOGWOOD HILL ST.
LOOGOOTE, IN 47553

New Mailing Address:

143 KEVIN CT
ZIONSVILLE, IN 46077

FEI Number: 26-0115216 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GRIESI, CAIO
2578 CARAMBOLA CIRCLE NORTH
COCONUT CREEK, FL 33066 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: GRIESI, CAIO
Address: 2578 CARAMBOLA CIRCLE NORTH
City-St-Zip: COCONUT CREEK, FL 33066

Title: VP () Delete
Name: GRIESI, CASEY
Address: 2578 CARAMBOLA CIRCLE NORTH
City-St-Zip: COCONUT CREEK, FL 33066

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: GRIESI, CAIO
Address: 143 KEVIN CT
City-St-Zip: ZIONSVILLE, IN 46077

Title: VP (X) Change () Addition
Name: GRIESI, CASEY
Address: 143 KEVIN CT
City-St-Zip: ZIONSVILLE, IN 46077

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: CAIO GRIESI

P

05/30/2006

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