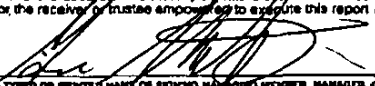


FILED
May 25, 2006 8:00 am
Secretary of State

04-03-2006 90072 017 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000052695			
1. Entity Name GRAPHIC XPRESSIONS LLC			
Principal Place of Business 1230 GAUCHO TERRACE NORTH PORT, FL 34286 US		Mailing Address 1230 GAUCHO TERRACE NORTH PORT, FL 34286 US	
2. Principal Place of Business 334 Centre Ct. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Venice FL		City & State	
Zip 34285		Country USA	
4. FEI Number 20-3033989		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HEYDET, WILLIAM R JR. 1230 GAUCHO TERRACE NORTH PORT, FL 34286		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 334 Centre Ct. City Venice FL Zip Code 34285	
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 3/26/06			
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	MGRM HEYDET, WILLIAM R JR. 1230 GAUCHO TERRACE NORTH PORT, FL 34286 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAILLET, GENE 1010 TAMPA RD. VENICE, FL 34293 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 606, Florida Statutes.			
SIGNATURE: 		5/22/06 9412345987	
SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING MANAGER, SECRETARY, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	