

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058467

Entity Name: GRAPHIX XTREME, LLC

FILED  
Jul 02, 2006  
Secretary of State

## Current Principal Place of Business:

9033 WILES ROAD  
302  
CORAL SPRINGS, FL 33067

## New Principal Place of Business:

3177 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33065

## Current Mailing Address:

9033 WILES ROAD  
302  
CORAL SPRINGS, FL 33067 US

## New Mailing Address:

3177 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33065 US

FEI Number: 43-2084274      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:

TAUJOURS, JEAN CLAUDE JR.  
9033 WILES ROAD  
302  
CORAL SPRINGS, FL 33067 US

## Name and Address of New Registered Agent:

TAUJOURS, JR., JEAN CLAUDE OWNER  
3177 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33065 US

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: ROSE LAURIA

07/02/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: LAURIA, ROSE M MGR  
Address: 3177 CORAL RIDGE DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

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: ROSE LAURIA

MGR

07/02/2006

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