

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089224

Entity Name: IMAGEPRO, LLC

FILED  
Mar 28, 2007  
Secretary of State

## Current Principal Place of Business:

7507 PONCE DE LEON ROAD  
MIAMI, FL 33143 US

## Current Mailing Address:

7507 PONCE DE LEON ROAD  
MIAMI, FL 33143 US

## New Principal Place of Business:

2332 GALIANO STREET  
2ND FLOOR  
CORAL GABLES, FL 33134 US

## New Mailing Address:

2332 GALIANO STREET  
2ND FLOOR  
CORAL GABLES, FL 33134 US

FEI Number: 20-8676973

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HOWARD, REBKAH M ESQ.  
7507 PONCE DE LEON ROAD  
MIAMI, FL 33143 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: MGR ( ) Delete  
Name: HOWARD, REBKAH M  
Address: 7507 PONCE DE LEON ROAD  
City-St-Zip: MIAMI, FL 33143

Title: MGR ( ) Delete  
Name: ASSRATE, DEBREWOK  
Address: 12707 MIDSTOCK LANE  
City-St-Zip: UPPER MARLBORO, MD 20772 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: KATES, MARJORIE F  
Address: 8411 SW 57 PATH  
City-St-Zip: SOUTH MIAMI, FL 33143 US

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: REBKAH M. HOWARD

MGR

03/28/2007

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