2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jun 12, 2006 8:00 am
Secretary of State
05-01-2006 90068 036 ****50.00

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04242006 Chg-LLC CR2E083 (11/05)

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1. Entity Name
MCMILLAN IMAGING SERVICES, LLC

Principal Place of Business	Mailing Address
1714 SPARKMAN RD PLANT CITY, FL 33566 US	1714 SPARKMAN RD PLANT CITY, FL 33566 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-3465282 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHENEFIELD, JEFFREY T 1143 POGONIA DR. LAKELAND, FL 33811	Name Penny R. McMillan Street Address (P.O. Box Number is Not Acceptable) 1714 Sparkman Road City Plant City FL Zip Code 33566

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 Penny R. McMillan 4/24/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 STREET ADDRESS CITY-ST-ZIP	MGR MCMILLAN, PENNY R 1714 SPARKMAN RD. PLANT CITY, FL 33566	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCMILLAN, MACE J 1714 SPARKMAN RD. PLANT CITY, FL 33566	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 608, Florida Statutes.

SIGNATURE: Penny McMillan 4/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #