

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109520

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** IMAGE DEVELOPMENT OF FLORIDA, LLC

**Current Principal Place of Business:**

8631 SE 17TH COURT  
OCALA, FL 34480 US

**New Principal Place of Business:**

**Current Mailing Address:**

8631 SE 17TH COURT  
OCALA, FL 34480 US

**New Mailing Address:**

FEI Number: 20-3771455      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:**

**Name and Address of New Registered Agent:**

KING, WILLIAM A  
1531 SE 36TH AVENUE  
OCALA, FL 34471 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GRAHAM, MORGAN ALLEN  
Address: 141 OLD BALLINGER MILL ROAD  
City-St-Zip: LANDRUM, SC 29356 US

Title: MGRM ( ) Delete  
Name: GRAHAM, K. GREGORY  
Address: 8631 SE 17TH COURT  
City-St-Zip: Ocala, FL 34480 US

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MORGAN ALLEN GRAHAM

MGRM

05/01/2007

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