

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/ **FILED**
Mar 01, 2006 8:00 am
Secretary of State

02-09-2006 90150 013 ****50.00

DOCUMENT # L05000114827 1. Entity Name SPACE COAST IMAGING VENTURES, LLC					
Principal Place of Business P.O. BOX 6543 TITUSVILLE, FL 32782-6543			Mailing Address P.O. BOX 6543 TITUSVILLE, FL 32782-6543		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SCHICK, DAVID L 301 E. PINE STREET, STE. 1400 ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable (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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			Member President Robert L Anderson 3744 Chiana Dr Titusville, FL 32796		
			Member VP Richard G Mayer 2812 Bear Island Pointe Winter Park, FL 32792		
			Member Treas Joseph D Flynn 843 Heron Lane Titusville, FL 32780		
			Member Secy Michael Sorbello 1111 Sunny Point Dr Melbourne, FL 32935		
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: <u>Richard G Mayer</u> 21766 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					



ATTACHMENT
30001508

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2006

SPACE COAST IMAGING VENTURES, LLC
P.O. BOX 6543
TITUSVILLE, FL 32782-6543

Subject: SPACE COAST IMAGING VENTURES, LLC

Reference Number: L05000114827

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH
ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314