


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000114827**

1. Entity Name  
**SPACE COAST IMAGING VENTURES, LLC**



Principal Place of Business <b>P.O. BOX 6543          TITUSVILLE, FL 32782-6543</b>	Mailing Address <b>P.O. BOX 6543          TITUSVILLE, FL 32782-6543</b>
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01172008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3872192</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHICK, DAVID L  
 301 E. PINE STREET, STE. 1400  
 ORLANDO, FL 32801**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, ROBERT L 3203 SOUTH WASHINGTON AVE #701A TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAYER, RICHARD G 2812 BEAR ISLAND PT WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLYNN, JOSEPH D 3430 HERON LN TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SORBELLO, MICHAEL 1111 SUNNY PT DR MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 02/14/08-80047-002.138.75

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:** *Robert L Anderson* *Richard G Mayer* *1/31/08* *321 268 6140*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #