

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90103 050 ***138.75

| | |
|--|---|
| DOCUMENT # L06000073093 |  |
| 1. Entity Name MICRO-DOCS USA, LLC | |

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|---|---|
| Principal Place of Business 213-B EAST CENTRAL AVENUE WINTER HAVEN FL 33880 | Mailing Address 213-B EAST CENTRAL AVENUE WINTER HAVEN FL 33880 |
|---|---|



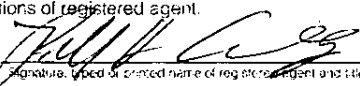
| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E083 (10/07)

| | | |
|------------------------------------|--|--|
| 4. FEI Number 20-3939404 | | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|--|

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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 | |
| 7. Name and Address of New Registered Agent Name Russell H. Eisenberg Street Address (P.O. Box Number is Not Acceptable) 213 EAST CENTRAL AVE City Winter Haven FL Zip Code 33880 | |

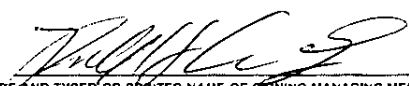
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Russell H. Eisenberg** V-PR. 2/20/08
(NOTE: Registered Agent signature required when reappointing)

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|---|--|
| <p>FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State</p> | |
|---|--|

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LEWIS, ROBERT J 213-B EAST CENTRAL AVENUE WINTER HAVEN FL 33880 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DONMOYER, ROBERT A 213-B EAST CENTRAL AVENUE WINTER HAVEN FL 33880 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST EISENBERG, RUSSELL H 213-B EAST CENTRAL AVENUE WINTER HAVEN FL 33880 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Russell H. Eisenberg** V-PR. 2/20/08 863-293-0321

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