2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007
Secretary of State

DOCUMENT# L06000095607

Entity Name: MACE IMAGING LLC

Current Principal Place of Business:

1507 MARKDALE STREET EAST
LEHIGH ACRES, FL 33936

New Principal Place of Business:

12881 STONE TOWER LOOP
FORT MYERS, FL 33913

Current Mailing Address:

1507 MARKDALE STREET EAST
LEHIGH ACRES, FL 33936

New Mailing Address:

12881 STONE TOWER LOOP
FORT MYERS, FL 33913

FEI Number: 20-5705912 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: MGR ( ) Delete
Name: MACE, TIMOTHY J
Address: 1507 MARKDALE STREET EAST
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGR ( ) Delete
Name: MACE, YOCONDA
Address: 1507 MARKDALE STREET EAST
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MACE, TIMOTHY J
Address: 12881 STONE TOWER LOOP
City-St-Zip: FORT MYERS, FL 33913

Title: MGR (X) Change ( ) Addition
Name: MACE, YOCONDA
Address: 12881 STONE TOWER LOOP
City-St-Zip: FORT MYERS, FL 33913

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY J MACE MGR 02/12/2007

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