


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90140 029 ****50.00

DOCUMENT # L06000109072 1. Entity Name ADVANCED GRAPHIC PRODUCTS, LLC			
Principal Place of Business 2951 NE 185TH STREET APT. 2001 AVENTURA, FL 33180		Mailing Address 2951 NE 185TH STREET APT. 2001 AVENTURA, FL 33180	
2. Principal Place of Business - No P.O. Box # _____ 3. Mailing Address _____			
Suite, Apt. _____ City & Stat _____ Zip _____		Advanced Graphic Products, LLC 2951 NE 185th Street Apt. 2001 Aventura FL 33180	
Country _____		01242007 Chg-LLC CR2E083 (12/06) 4. FEI Number 74-3193560 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent ROHLAND, JAMES H JR 2951 NE 185TH STREET APT. 2001 AVENTURA, FL 33180	
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 reissuing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROHLAND, JAMES H JR 2951 NE 185TH STREET, APT. 2001 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 1/24/07 Daytime Phone # 305 682 9198	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			