


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90027 012 \*\*\*138.75

|   |  |  |  |  |   |
|---|--|--|--|--|---|
| <b>DOCUMENT # L07000026145</b>  |  |  |  |                       |   |
| <b>1. Entity Name</b><br>VIRTUAL IMAGE PROCESSING, LLC  |  |  |  |  |   |
| <b>Principal Place of Business</b><br>3444 ST. IVES BLVD.<br>SPRING HILL, FL 34609  |  |  | <b>Mailing Address</b><br>3444 ST. IVES BLVD.<br>SPRING HILL, FL 34609   |  |   |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b><br>POST OFFICE BOX 15076                 |  |  |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |  |   |
| City & State  |  | City & State<br>BROOKSVILLE, FL 34604                              |  | <b>4. FEI Number</b><br>20-8637929   |   |
| Zip   |  | Country  |  | Zip  |   |
| Country   |  | Country  |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br>BENNETT, CHARLES E<br>3444 ST. IVES BLVD.<br>SPRING HILL, FL 34609  |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |   |
| FL  |  |  | Zip Code   |  |   |
| <b>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.</b>  |  |  |  |  |   |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |  |  |   |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>   |  | <b>Make check payable to</b><br><b>Florida Department of State</b> |  |  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>BENNETT, CHARLES E<br>3444 ST. IVES BLVD<br>SPRINGHILL, FL 34609 | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>LOPES, PAULA<br>3380 BLACK OAK TRAIL<br>BROOKSVILLE, FL 34604    | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>SPRINGHILL, FL 34609   | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>SPRINGHILL, FL 34609   | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>SPRINGHILL, FL 34609   | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>SPRINGHILL, FL 34609   | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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.</b> |  |  |  |  |   |
| <b>SIGNATURE:</b> <i>Charles Bennett</i> <span style="float: right;"><i>x 4/28/2008</i></span>  |  |  |  |  |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>   |  |  |  |  |   |