2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# L07000028161

Entity Name: T. D. GRAPHICS, LLC

Current Principal Place of Business:

498 E. BASE STREET
MADISON, FL 32340 US

New Principal Place of Business:

314 SW PINCKNEY STREET
MADISON, FL 32340 US

Current Mailing Address:

PO BOX 957
MADISON, FL 32341 US

New Mailing Address:

FEI Number: 45-0554337 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FINNEY, SHERRY W
498 E. BASE STREET
MADISON, FL 32340 US

Name and Address of New Registered Agent:

FINNEY, SHERRY W
314 SW PINCKNEY STREET
MADISON, FL 32340 US

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: SHERRY W FINNEY 03/28/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FINNEY, SHERRY W
Address: 498 E. BASE STREET
City-St-Zip: MADISON, FL 32340 US

Title: MGRM ( ) Delete
Name: FINNEY, DOUG
Address: 498 E. BASE STREET
City-St-Zip: MADISON, FL 32340 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FINNEY, SHERRY W
Address: 314 SW PINCKNET STREET
City-St-Zip: MADISON, FL 32340 US

Title: MGRM (X) Change ( ) Addition
Name: FINNEY, DOUG
Address: 314 SW PINCKNEY STREET
City-St-Zip: MADISON, FL 32340 US

I hereby certify that the information supplied with this filing does not qualify 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: DOUG FINNEY MGRM 03/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date