

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90168 049 \*\*\*138.75

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<b>DOCUMENT # L07000082961</b>					
<b>1. Entity Name</b> CASTING IMPRESSIONS, LLC					
<b>Principal Place of Business</b> 4325 SOUTHEAST 24TH TERRACE OCALA, FL 34480 US			<b>Mailing Address</b> 4325 SOUTHEAST 24TH TERRACE OCALA, FL 34480 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04152008    Chg-LLC    CR2E083 (12/06)	
<b>4. FEI Number</b> 26-0786329				Applied For <input type="checkbox"/> Not Applicable	
<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>  CATABIA, JENNIFER L 4325 SOUTHEAST 24TH TERRACE OCALA, FL 34480			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 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>					
SIGNATURE _____ (NOTE: Registered Agent signature required when withdrawing)    DATE: _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR Managing Member <input type="checkbox"/> Delete	<b>NAME</b> CATABIA, JENNIFER L		<b>TITLE</b> MEMBER Manager <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> CATABIA, JAMES M.	
<b>STREET ADDRESS</b> 4325 SOUTHEAST 24TH TERRACE	<b>CITY-ST-ZIP</b> OCALA, FL 34480		<b>STREET ADDRESS</b> 4325 SE 24TH TERRACE	<b>CITY-ST-ZIP</b> OCALA, FL 34480	
<b>TITLE</b> _____ <input type="checkbox"/> Delete	<b>NAME</b> _____		<b>TITLE</b> _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> _____	
<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____		<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____	
<b>TITLE</b> _____ <input type="checkbox"/> Delete	<b>NAME</b> _____		<b>TITLE</b> _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> _____	
<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____		<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____	
<b>TITLE</b> _____ <input type="checkbox"/> Delete	<b>NAME</b> _____		<b>TITLE</b> _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> _____	
<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____		<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____	
<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 606, Florida Statutes.</b>					
<b>SIGNATURE:</b> <i>Jennifer L. Catabia</i>			445-08 291-9122 (352)		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date: _____					