2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105990

Entity Name: DOT 2 PRINT, LLC

FILED Jan 23, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2900 GLADES CIRCLE 15970 W SR 84 318

350

WESTON, FL 33327 SUNRISE, FL 33326

Current Mailing Address: New Mailing Address:

P.O. BOX 266315 15970 W SR 84

WESTON, FL 33326 318

SUNRISE, FL 33326

FEI Number: 26-1810884 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARIA, ALCOCER IBANEZ DE ALDECOA, MARIA M MGR

2900 GLADES CIRCLE 15970 W SR 84

350 318 WESTON, FL 33327 US SUNRISE, FL 33326 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: MARIA IBANEZ DE ALDECOA 01/23/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: (X) Change () Addition () Delete

MARIA, STORY STORY, MARIA M MGR Name: Name: Address: 2900 GLADES CIRCLE Address: 15970 W SR 84 City-St-Zip: WESTON, FL 33327 City-St-Zip: SUNRISE, FL 33326

Title: MGR () Delete Title: MGR (X) Change () Addition Name: MARIA, ALCOCER Name: IBANEZ DE ALDECOA, MARIA M MGR

Address: 2900 GLADES CIRCLE Address: 15970 W SR 84 City-St-Zip: WESTON, FL 33327 City-St-Zip: SUNRISE, FL 33326

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: MARIA IBANEZ DE ALDECOA 01/23/2008