


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L98000003451</b> 1. Entity Name INK MI AGAIN, LLC	
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Principal Place of Business 13014 N. DALE MABRY HWY, SUITE 356 TAMPA, FL 33618	Mailing Address 13014 N. DALE MABRY HWY, SUITE 356 TAMPA, FL 33618
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**DO NOT WRITE IN THIS SPACE**



03272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3568388	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SCHWENCKE, KIM M 13014 N. DALE MABRY HWY, SUITE 356 TAMPA, FL 33618
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**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)  
\_\_\_\_\_  
DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWENCKE, KIM M 13014 N. DALE MABRY HWY, SUITE 356 TAMPA, FL 33618
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04/06/07-80012-024 50.00

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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: Kim M. Schwencke 3/28/07 813-269-0899  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE