


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000007687 1. Entity Name IMAGINE, L.L.C.	
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Principal Place of Business
PO BOX 976
PALM CITY, FL 34991

Mailing Address
PO BOX 976
PALM CITY, FL 34991



01132004No Chg-LLC

CR2E063 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3639081	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

JOHNSON, GEORGE R
831 SW PINE TREE LANE
PALM TREE LANE, FL 34990

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, GEORGE R 831 SW PINE TREE LN. PALM CITY, FL 34990
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01/21/04-80013-012 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *George R. Johnson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/14/04 772-283-4834
Date Daytime Phone #