

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90069 047 ****50.00

DOCUMENT # M00000000238					
1. Entity Name DIGITAL INSTALLATIONS, LLC					
Principal Place of Business 1155 PEACHTREE ST., N.E., STE. 1800 ATLANTA, GA 30309-3610			Mailing Address 1155 PEACHTREE ST., N.E., STE. 1800 ATLANTA, GA 30309-3610		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072004 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME DYKES, RONALD M STREET ADDRESS 1155 PEACHTREE STREET NE CITY-ST-ZIP ATLANTA, GA 30309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PMGR NAME GRANGER, DONALD R STREET ADDRESS SUITE D481, 754 PEACHTREE STREET CITY-ST-ZIP ATLANTA, GA 303081206	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME SMITH, WILLIAM L STREET ADDRESS 675 W. PEACHTREE ST. NE CITY-ST-ZIP ATLANTA, GA 30375	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME NAULT, II, J. LLOYD STREET ADDRESS SUITE 4300-675 W. PEACHTREE STREET CITY-ST-ZIP ATLANTA, GA 30375	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME HARTY, LINDA S STREET ADDRESS 1155 PEACHTREE ST, STE 2006 CITY-ST-ZIP ATLANTA, GA 30309	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE AS NAME IRVINE, JOYCE C STREET ADDRESS 1155 PEACHTREE ST. NE CITY-ST-ZIP ATLANTA, GA 30309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Joyce Clower Irvine</i>			3/19/04 (404) 249-4450		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		
Joyce Clower Irvine, Assistant Secretary					