2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

3. Mailing Address

DOCUMENT # M00000000238

Country

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

6. Name and Address of Current Registered Agent

DIGITAL INSTALLATIONS, LLC

754 PEACHTREE ST., N.E., STE. 01481

2. Principal Place of Business - No P.O. Box #

Principal Place of Business

ATLANTA, GA 30308-1206

Suite, Apt. #, etc.

City & State



Jan 25, 2007 8:00 am Secretary of State

01-25-2007 90089 027 ****50.00

		SO WE IN						
Mailing Address 754 PEACHTREE ST., N.E., STE. 01481 ATLANTA, GA 30308-1206			20002798					
. Mailing Address								
Suite, Apt. #, etc.			01172007	Chg-LLC	CR2E	E083 (12/	06)	
City & State			FEI Number NOT APPLICABLE				Applied For Not Applicable	
Zip	Coun	try	5. Certificate of Status Desired Space Fee Required					
istered Agent			7. Name and Address of New Registered Agent					
STEM, INC.		Name Street Address	(P.O. Box Numbe	r is Not Acceptable	1)			

TALLAHASSEE, FL 32301									
			City		Fl	-			
	named entity submits this statement for the pi ions of registered agent,	urpose of changing its	registered office or	registered agent, or bo	th, in the State of Florida. I am	familiar with,	and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable (NOTE	Registered Agent signate	20 Agent signature required when reinstating) DATE					
	ling Fee is \$50.00 ue by May 1, 2007				Make check payable to Florida Department of State				
9.	MANAGING MEMBERS/MA	ANAGERS	10.		ADDITIONS/CHANGES	ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHANNON, W. PATRICK 1155 PEACTREE ST, NE, #2008 ATLANTA, GA 303093610	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMGR GRANGER, DONALD R 754 PEACHTREE ST STE D 1481 ATLANTA, GA 303081206	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, WILLIAM L 675 W. PEACHTREE STREET, NW #4515 ATLANTA, GA 30375		TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSGC THOMPSON, II, T. RAWLS 2180 LAKE BLVD., NE, #120 ATLANTA, GA 303196004	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rawls, II,	Thompson T.	Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DROEGE, MARK E 1155 PEACHTREE STREET, NE #170 ATLANTA, GA 30309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
TITLE NAME STREET ADDRESS	AS IRVINE, JOYCE C 1155 PEACHTREE ST. NE	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition		

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.

CITY-ST-ZIP

SIGNATURE: ____

CITY-ST-ZIP

ATLANTA, GA 30309

D NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(404) 249-4450

Daytime Phone #

Clower Irvine, Assistant Secretary