2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 12, 2005
Secretary of State

DOCUMENT# M03000001831

Entity Name: ADVANCED IMAGING SYSTEMS, LLC

Current Principal Place of Business:

6689 NW 16TH TERRACE
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

2419 E. COMMERCIAL BLVD
307
FORT LAUDERDALE, FL 33308

Current Mailing Address:

6689 NW 16TH TERRACE
FORT LAUDERDALE, FL 33309

New Mailing Address:

2419 E. COMMERCIAL BLVD.
SUITE 307
FORT LAUDERDALE, FL 33308

FEI Number: 03-0466028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, C. LEO
6689 NW 16TH TERRACE
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: CEOP ( ) Delete
Name: SMITH, C. LEO
Address: 6689 NW 16TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR ( ) Delete
Name: SMITH, C. LEO
Address: 6689 NW 16TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LEO SMITH CEO 09/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date