


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000003042 1. Entity Name LESLIE DIGITAL IMAGING, L.L.C.	
--	---

Principal Place of Business 1000 WOODBURY ROAD, SUITE 212 WOODBURY, NY 11797	Mailing Address 1000 WOODBURY ROAD, SUITE 212 WOODBURY, NY 11797
--	--



03302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3523525	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
--	--

6. Name and Address of Current Registered Agent ALLSTATE CORPROATE SERVICES CORP. 653 WEST 23RD STREET, SUITE 229 PANAMA CITY, FL 32405
--

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 SCHLOSS, STEVE 1000 WOODBURY ROAD, SUITE 212 WOODBURY, NY 11797
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLAINE, JERRY 1000 WOODBURY ROAD, SUITE 212 WOODBURY, NY 11797
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWARTZ, PAUL 1000 WOODBURY ROAD, SUITE 212 WOODBURY, NY 11797
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUNNIS, BARRY 1000 WOODBURY RD, SUITE 212 WOODBURY, NY 11797
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000700916 04/20/07-80035-015 55.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #