


Filed on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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| FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee |
| \$ 188.75 | Make Check Payable To: FLORIDA DEPARTMENT OF STATE |

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| 1. Name and Mailing Address of Limited Liability Company PERFECT COLOR USA, LLC 4194 ST. AUGUSTINE ROAD JACKSONVILLE FL 32207 | DOCUMENT # M97000000492 |
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| 1a. Principal Place of Business Address 4194 ST. AUGUSTINE ROAD JACKSONVILLE FL 32207 |
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|--------------------------------|---------------------|------------------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Organized or Qualified | 3a. State of Formation |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 08/11/1997 | DE |
| City & State | City & State | 4. FEI Number 59-3458022 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | 5. Date of Last Report | 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

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| 7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 |
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| 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL |
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|-------------------------|--------------------------|
| MGRM | LM FUND ONE, | 1600 INDEPENDENT SQUARE | JACKSONVILLE FL |
| MGRM | KRONQUIST, KARL L | 4194 ST. AUGUSTINE ROAD | JACKSONVILLE FL |
| MGRM | SCHELLENBERG, MATTHEW | 4194 ST. AUGUSTINE ROAD | JACKSONVILLE FL |

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11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Matthew Schellenberg, mgr **4/27/98**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #