2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000001961

1. Entity Name
WEST PALM IMAGING, L.L.C.

Principal Place of Business	Mailing Address
5601 CORPORATE WAY SUITE 307 WEST PALM BEACH, FL 33407	401 SYLVAN AVE. ENGLEWOOD CLIFFS, NJ 07632

07092004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3681996
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

AMEEN, JOHN
AMEEN & DRUCKER, P.A.
3111 UNIVERSITY DR., STE. 608
CORAL SPRINGS, FL 33065

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

000000165861
07/12/04-80081-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FARRELL, ROBERT L
STREET ADDRESS	401 SYLVAN AVE.
CITY-ST-ZIP	ENGLEWOOD CLIFFS, NJ 07632
TITLE	MGRM
NAME	FARRELL, WILLIAM D
STREET ADDRESS	401 SYLVAN AVE.
CITY-ST-ZIP	ENGLEWOOD CLIFFS, NJ 07632
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Frank Amaro (controller) 7/9/04 (201)488-9359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #