LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90963 011 ****50.00

DOCUMENT # L01000007190

1. Entity Name: POSTCARDS! GALLERY, L.L.C.

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2. Principal Place of Business	3. Mailing Address
701 A1A Beach Blvd.	701 A1A Beach Blvd.
Suite, Apt. #, etc. #C	Suite, Apt. #, etc. #C
City & State: St. Augustine, FL	City & State: St. Augustine, FL
Zip: 32080 Country: St. John's	Zip: 32080 Country: St. John's

4. FEI Number: 59-3738962 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Gina Partos

Street Address (P.O. Box Number is Not Acceptable): 701 A1A Beach Blvd., #C

City: St. Augustine FL Zip Code: 32080

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.

SIGNATURE: _____ DATE: 3/23/02
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	Managing Director
NAME	Gina Partos
STREET ADDRESS	701 A1A Beach Blvd., #C
CITY-ST-ZIP	St. Augustine, FL 32080

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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: _____ Managing Director, Postcards Gallery, L.L.C. 3/23/02 461-1123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #