


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000007996**  
 1. Entity Name  
 PICTURE ONE, L.C.



Principal Place of Business Mailing Address  
 6893 SW 18TH ST P.O. BOX 4877  
 #201 DEERFIELD BEACH, FL 33442  
 BOCA RATON, FL 33433

**DO NOT WRITE IN THIS SPACE**



02112005No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For  
 74-3005449 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 EPSTEIN FIRESTONE, DEBORAH  
 7910 TENNYSON COURT  
 BOCA RATON, FL 33433

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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 Debbie Firestone DATE 4/5/05  
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 May 1, 2005**

U00000305778  
 04/14/05-80097-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	EPSTEIN FIRESTONE, DEBORAH
STREET ADDRESS	PO BOX 4877
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
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	

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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: Debbie Firestone DATE 4/5/05 DAYTIME PHONE # 561-684-6041  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE