


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90067 016 \*\*\*\*50.00

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



Principal Place of Business  
 6893 SW 18TH ST  
 #201  
 BOCA RATON, FL 33433

Mailing Address  
 P.O. BOX 4877  
 DEERFIELD BEACH, FL 33442

**20023661**

2. Principal Place of Business  
 399 W. CAMINO GARDENS BL

3. Mailing Address

Suite, Apt. #, etc.  
 # 307

Suite, Apt. #, etc.

City & State  
 BOCA RATON, FL

City & State

Zip  
 33432

Country  
 USA

Zip

Country



01232006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
 74-3005449

Applied For  
 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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 May 1, 2006**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EPSTEIN FIRESTONE, DEBORAH PO BOX 4877 DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Debbie Firestone as mgr Date: 2/3/06 Daytime Phone #: 561-654-6041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE