


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90022 014 \*\*\*138.75

DOCUMENT # L01000007996			
1. Entity Name PICTURE ONE, L.C.			
Principal Place of Business 399 WEST CAMINO GARDENS BL #307 BOCA RATON, FL 33432		Mailing Address P.O. BOX 4877 DEERFIELD BEACH, FL 33442	
2. Principal Place of Business - No P.O. Box # 333 CAMINO GARDENS BL		3. Mailing Address	
Suite, Apt. #, etc. #200		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State	
Zip 33432	Country US	Zip	Country
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)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		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: <u>Debbie Firestone</u>		Date: <u>4/22/08</u>	Daytime Phone #: <u>561-654-6041</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #

