2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 14, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L01000008000 1. Entity Name PICTURE TWO. L.C. Principal Place of Business Mailing Address 6893 SW 18TH ST. P.O. BOX 4877 DEERFIELD BEACH, FL 33-442? US #201 BOCA RATON, FL 33433 __US 02112005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 74-3005450 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent EPSTEIN FIRESTONE, DEBORAH DO NOT WRITE 7910 TENNYSON COURT BOCA RATON, FL 33433 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. estore SIGNATURE (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 U000000305780 MANAGING MEMBERS/MANAGERS MGR TITLE EPSTEIN FIRESTONE, DEBORAH NAME PO BOX 4877 STREET ADDRESS CITY-ST-ZIP DEERFIELD_BEACH, FL 33442 NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP nne NAME STREET ADDRESS CITY-ST-ZIP III) F NAME STREET ADDRESS CITY - ST - ZIP

11. I hereby certify that the information supplied with this filling 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: TVO LOTO.

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

45/15

561-639-6041

Daytime Phone

FILED