


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-03-2006 90067 015 ****50.00

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1. Entity Name
 PICTURE FOUR, 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

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2. Principal Place of Business
 399 W. CAMINO GARDENS BL
 Suite, Apt. #, etc.
 # 307

3. Mailing Address
 Suite, Apt. #, etc.



01232006 Chg-LLC CR2E083 (11/05)

City & State
 BOCA RATON, FL

City & State

Zip
 33432

Country
 USA

4. FEI Number
 74-3005367

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	EPSTEIN FIRESTONE, DEBORAH	PO BOX 4877	DEERFIELD BEACH, FL 33442	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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*

2/3/06 *561-654-6071*