

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90035 028 ****50.00

DOCUMENT # M04000003747

1. Entity Name

GROWING FAMILY PORTRAITS, LLC



Principal Place of Business

270 PLEASANT VALLEY WAY
WEST ORANGE NJ 07052

Mailing Address

270 PLEASANT VALLEY WAY
WEST ORANGE NJ 07052



2. Principal Place of Business

23 Vreeland Road

Suite, Apt. #, etc.

Suite 160

City & State

Florham Park NJ

3. Mailing Address

23 Vreeland Road

Suite, Apt. #, etc.

Suite 160

City & State

Florham Park NJ

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-1544478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME COHEN, ROBERT
STREET ADDRESS 8220 SE 59TH STREET
CITY-ST-ZIP MERCER ISLAND WA 98040

TITLE MGR ☐ Delete
NAME COHEN, STEVE
STREET ADDRESS 4122 CORLISS AVE. N.
CITY-ST-ZIP SEATTLE WA 98103

TITLE MGR ☐ Delete
NAME BARNETT, MAX
STREET ADDRESS 4203 EARTH CITY EXPRESSWAY
CITY-ST-ZIP EARTH CITY MO 63045

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert Cohen

ROBERT COHEN 4-10-06 (206) 441-8401

SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED AGENT

AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #