2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # M04000003747

1. Entity Name
GROWING FAMILY PORTRAITS, LLC

Principal Place of Business	Mailing Address
23 VREELNAD RD STE 160 FLORHAM PARK, NJ 07932	23 VREELNAD RD STE 160 FLORHAM PARK, NJ 07932

DO NOT WRITE IN THIS SPACE

03282007No Chg-LLC CR2E083 (11/05)

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

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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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	COHEN, ROBERT
STREET ADDRESS	8220 SE 59TH STREET
CITY-ST-ZIP	MERCER ISLAND, WA 98040
TITLE	MGR
NAME	COHEN, STEVE
STREET ADDRESS	4122 CORLISS AVE. N.
CITY-ST-ZIP	SEATTLE, WA 98103
TITLE	MGR
NAME	BARNETT, MAX
STREET ADDRESS	4203 EARTH CITY EXPRESSWAY
CITY-ST-ZIP	EARTH CITY, MO 63045
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/07-80011-003 50.00

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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: Debra Mercer 3307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #