

# L01000004243

DOCUMENT # L01000004243

1. Entity Name  
MORGANE PHOTO LLC

2002  
2003

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 SEP -4 PM 2:02

**REINSTATEMENT**

DO NOT WRITE IN THIS SPACE

HL9/9

2. Principal Place of Business 2100 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 600 City & State CORAL GABLES, FL Zip 33134 Country USA		3. Mailing Address 2100 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 600 City & State CORAL GABLES, FL Zip 33134 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1088297		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

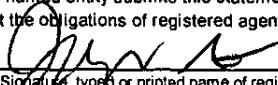
DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
JORGE GURIAN

Street Address (P.O. Box Number is Not Acceptable)  
2100 PONCE DE LEON BLVD  
SUITE 600  
City  
CORAL GABLES  
FL  
Zip Code  
33134

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  7/14/03

700017894897  
05/02/03--01052--010 \*\*\$50.00  
DATE

FEE IS \$50.00  
Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAIGNEL, ERIC 2100 PONCE DE LEON BLVD. SUITE 600 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700017894897 05/02/03--01052--010 **\$50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Parinister, Paul Patricia 2100 Ponce de Leon Blvd, Fl 600 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2002-2003	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing 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:  ERIC LAIGNEL 04/29/03 305-279-4101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)