## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0100003485

1. Entity Name

**ELAN PHOTO STUDIOS, LLC** 

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF



## **FILED** Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90119 036 \*\*\*\*50.00

		0.00, 000					7					
Principal Plac	e of Busines	s	,	Mailing Address				Z 14.1211	<i>41</i> .0 -			
				3444 CLARK RD SARASOTA FL 34231				LUUU	U564			
							Dn					
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HER	E IF MAKING	CHANGES		
City & State				City & State			4. FEI Nu	imber <b>65-1083</b> 3	64		oplied For ot Applicable	
Zip Country				Zip Country			5. Certificate of Status Desired Spee Required \$5.00 Additional Fee Required					
1	6. Name	and Address of (	Current Reg	listered Agent			7. Name	7. Name and Address of New Registered Agent				
FIO	CCO, ANTH	IONY J		Name*								
3444 CLARK RD SARASOTA FL 34231						Street Address (P.O. Box Number is Not Acceptable)						
						04.				7:- 0-4		
						City			FL	Zip Cod	e	
			ement for the	purpose of changing it	s registere	ed office or regis	stered agent, or	both, in the State of I	Florida. I am f	amiliar with,	and accept	
tne obligat . SIGNATURE	ionact regist	MOUL	1.F1	occu					1.3	-03		
-	Signature, typed	or printed name of registe	ered agent and ti	de if applicable. (NO	TE: Registere	d Agent signature requ	uired when reinstating	1)	DATE			
				Make Check Payal	ble to Fl	FEE IS \$50.0 orida Departr ay 1, 2003		•				
9.		MANAGING	MEMBERS /		10.			ADDITION	S/CHANGES			
TITLE	MGR			☐ Delete	TITLE	E			.,	☐ Change	☐ Addition	
NAME		ANTHONY J			NAM	-		•				
STREET ADDRESS City-St-Zip	3444 CL/					EET ADDRESS '-ST-ZIP						
	SAKASU	TA FL 34231			-			· · · · · · · · · · · · · · · · · · ·	·····		T Addition	
title Name				☐ Delete	TITLE NAM					Change	Addition	
STREET ADDRESS						EET ADDRESS						
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NAME				L Delete	NAME					L. Change	L Addition	
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					CITY-	-ST-ZIP						
<ol> <li>I hereby of indicated limited lial</li> </ol>	ertify that the on this repor bility compar	e information suppl t is true and accur ny or the eceiver	lied with this ate and that ir trustee em	filing does not qualify for my signature shall have powered to execute this	or the exer the same report as	mption stated in e legal effect as required by Ch	Section 119.07 if made under capter 608. Florid	(3)(i), Florida Statutes bath; that I am a mana da Statutes.	i. I further certi aging member	fy that the in or manage	nformation r of the	

Date

Daytime Phone #