2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 11, 2005 08:00 AM Secretary of State DOCUMENT # L01000008004 1. Entity Name PICTURE FOUR, L.C. Principal Place of Business Mailing Address 6893 SW 18TH ST P.O. BOX 4877 DEERFIELD BEACH, FL 33442 #201 BOCA RATON, FL 33433 02112005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 74-3005367 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EPSTEIN FIRESTONE, DEBORAH DO NOT WRITE 7910 TENNYSON COURT BOCA RATON, FL 33433 IN THIS SPACE 8. The above named entity submits this state of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 U00000299567 04/11/05-80113-010 50.00 9. MANAGING MEMBERS/MANAGERS TITLE MGR EPSTEIN FIRESTONE, DEBORAH NAME PO BOX 4877 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 ilmited liability company or the receiver or trustee propovered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHÓRIZED REPRESENTATIVE