## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Fredtone

JRE: WOULD TO WAS SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## Apr 03, 2006 8:00 am Secretary of State DOCUMENT # L01000008004 04-03-2006 90067 015 \*\*\*\*50.00 PICTURE FOUR, L.C. Principal Place of Business Mailing Address **₩00₩000**₩ 6893 SW 18TH ST P.O. BOX 4877 #201 DEERFIELD BEACH, FL 33442 BOCA RATON, FL 33433 2. Principal Place of Business 3. Mailing Address 399 W. CAMINO GARDENS BL Suite, Apt. #, etc. Suite, Apt. #, etc. 01232006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number BOCA RATON, FL Applied For 74-3005367 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EPSTEIN FIRESTONE, DEBORAH 7910 TENNYSON COURT Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL 33433 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition NAME EPSTEIN FIRESTONE, DEBORAH NAME STREET ADDRESS PO BOX 4877 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z!P 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.

**FILED**