

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90022 008 ***138.75

60028269



DOCUMENT # L01000008006 1. Entity Name PICTURE FIVE, L.C.					
Principal Place of Business 399 WEST CAMINO GARDENS BOULEVARD SUITE 307 BOCA RATON, FL 33432 US			Mailing Address P.O. BOX 4877 DEERFIELD BEACH, FL 33442		
2. Principal Place of Business - No P.O. Box # 333 CAMINO GARDENS BL			3. Mailing Address		
Suite, Apt. #, etc. # 200			Suite, Apt. #, etc.		
City & State BOCA RATON, FL			City & State		
Zip 33432		Country US		Zip	
Country		4. FEI Number 74-3005451			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
\$5.00 Additional Fee Required				01132008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent EPSTEIN FIRESTONE, DEBORAH 7910 TENNYSON COURT BOCA RATON, FL 33433			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EPSTEIN FIRESTONE, DEBORAH PO BOX 4877 DEERFIELD BEACH, FL 33442		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 <u>Debbie Firestone</u>			Date <u>4/22/08</u>		Daytime Phone # <u>561-654-6041</u>