

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000005580

1. Entity Name

SG PHOTOGRAPHY, LLC



Principal Place of Business

Mailing Address

7789 TRAVELERS TREE DRIVE
BOCA RATON FL 33433

7789 TRAVELERS TREE DRIVE
BOCA RATON FL 33433

2. Principal Place of Business

7789 TRAVELERS TREE DR.

Suite, Apt. #, etc.

3. Mailing Address

7789 TRAVELERS TREE DR.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33433

Country

USA

Zip

33433

Country

USA

9/2

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0648492

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEINMAN, GEORGE R
7789 TRAVELERS TREE DRIVE
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 the obligations of registered agent.

SIGNATURE

George R Steinman

(NOTE: Registered Agent signature required when reinstating)

8/25/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE: PRESIDENT
NAME: GEORGE R. STEINMAN
STREET ADDRESS: 7789 TRAVELERS TREE DRIVE
CITY-ST-ZIP: BOCA RATON FL 33433

☐ Delete

10. ADDITIONS / CHANGES

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Change

☐ Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Delete

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Change

☐ Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Delete

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Change

☐ Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Delete

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Change

☐ Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Delete

TITLE: _____
NAME: _____
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CITY-ST-ZIP: _____

☐ Change

☐ Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Delete

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Change

☐ Addition

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:

George R Steinman

8/25/03 561 620 7820

Date

Daytime Phone #

CR2E083 (4/03)