2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000006217

1. Entity Name
FLORIDA BEST PHOTOGRAPHIC STUDIOS, LLC

Principal Place of Business	Mailing Address
TWO NORTH TAMIAMI TRAIL SUITE 506 SARASOTA, FL 34236	TWO NORTH TAMIAMI TRAIL SUITE 506 SARASOTA, FL 34236

01212008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0570700 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CONKLIN, THOMAS R
2 NORTH TAMIAMI TR
SUITE 506
SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	CONKLIN, THOMAS R
STREET ADDRESS	2 NORTH TAMIAMI TR SUITE 506
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	MGRM
NAME	LYDIE, BARBE C
STREET ADDRESS	2 NORTH TAMIAMI TR SUITE 506
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/15/08-80019-004 *138.75

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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: Thomas Conklin 4-22-08 941 366 1608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #