## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0200006217

1. Entity Name

FLORIDA BEST PHOTOGRAPHIC STUDIOS, LLC



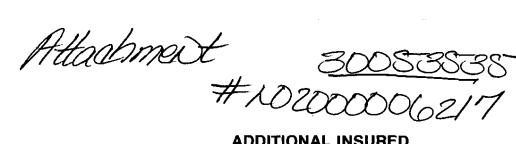
FILED
Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90018 016 \*\*\*\*50.00

Principal Plac 1133 FOURTH SUITE 200 SARASOTA FL	STREET	•	Mailing Address P.O. BOX 6295 SARASOTA FL 34236									
2. Principal P	lace of Busin	ess	3. Mailing Address			•						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					☐ CHECK HER	E IF MAKINO	G CHANGES		
City & State	9		City & State			4.	FEI Num	ber 257070	0	<u> </u>	pplied For ot Applicable	]
Zip	. "	Country	Zip _	Coun	try			te of Status Desired		\$5.00 Ad Fee Require		7
	6. Name	and Address of Current R	egistered Agent			7.	Name ar	d Address of New	Registered	Agent		
CONKLIN, THOMAS R 1133 FOURTH STREET SUITE 200			Street Address (P.O. Box Number is Not Acceptable)					-				
SAR	asota fl	34230			City				FL	Zip Coo	de	_
	named entity ions of regist		the purpose of changing its	registere	ed office or re	egistered a	gent, or b	oth, in the State of I	Florida. I am	familiar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent and	d title if applicable. (NOTE	: Registered	d Agent signature	a required when	reinstating)		DATE	•		
		~	Make Check Payabl	e to Flo	EE IS \$50 orida Depa ny 1, 2003		f State	4				
9.		MANAGING MEMBER	S/MANAGERS	10.				ADDITION	S/CHANGES	3		1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1133 FO	, THOMAS R JRTH STREET TA FL 34236	☐ Delete							☐ Change	☐ Addition	(00)07)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete					-		☐ 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATION

7-03 94/3663608 Date Daytime Phone #





## ADDITIONAL INSURED

The person or organization named below is a person insured with respect to such liability coverage as is afforded by the policy but this insurance applies to said insured only as a person liable for the conduct of another insured and then only to the extent of that liability. We also agree with you that insurance provided by this agreement will be excess insurance over any other valid and collectible insurance.

NAME OF PERSON OR	ORGANIZATION:
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THOMAS R CONKLIN

POBOX 6295

**SARASOTA** 

FL 34208

LIMIT OF LIABILITY	ļ		
Bodily Injury	\$100,000 \$300,000	each person/ each accident	1
Property Damage Combined Liability	\$50,000	each accident	

All other parts of this policy remain unchanged:		
This endorsement changes Policy No.: 01902049-0		
Issued to (Name of Insured): FL BEST STUDIOS LLC	<u> </u>	
Endorsement Effective: 01/02/03	Expiration: 10/21/03	