


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90021 029 ****50.00

DOCUMENT # L02000032044

1. Entity Name
 STEVE MELTZER PHOTOGRAPHY, LLC



Principal Place of Business
 4324 ROCKEFELLER AVENUE
 SARASOTA, FL 34231
 9615 62nd NW
 GIG HARBOR WA 98335

Mailing Address
 4324 ROCKEFELLER AVENUE 5550
 SARASOTA, FL 34231
 5550 Witney Drive E211
 Delray Beach FL 33481



01052005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3668227	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MELTZER, STEVE
 4324 ROCKEFELLER AVE
 SARASOTA, FL 34231

5550 witney Drive
 Delray Beach FL 33481

EFFECTIVE 3/1/2005

Steve Meltzer

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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 *Steve Meltzer* STEVE MELTZER DATE 1/10/05

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

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELTZER, STEVE 4324 ROCKEFELLER AVE 5550 Witney Drive E211 SARASOTA, FL 34231 Delray Beach FL 33481
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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: *Steve Meltzer* DATE: 1/10/05 DAYTIME PHONE #: 941-924-8381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, OR AUTHORIZED REPRESENTATIVE