


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 01, 2004 8:00 am
Secretary of State

08-11-2004 90087 025 ****50.00
03-25-2004 90217 037 ****50.00

DOCUMENT # L03000008922	
1. Entity Name "PICTURE THIS" PARTY PROMOTIONS, LLC	

Principal Place of Business 19902 N.E. 19TH COURT NORTH MIAMI BEACH, FL 33180	Mailing Address 19902 N.E. 19TH COURT NORTH MIAMI BEACH, FL 33180
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34010236



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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07262004 Chg-LLC CR2E083 (10/03)

4. FEI Number 05-0576475	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WOLFE, RICHARD ONE BISCAYNE TOWER, SUITE 2400 2 SOUTH BISCAYNE BLVD. MIAMI, FL 33131	7. Name and Address of New Registered Agent Name RICHARD C. WOLFE, Esq. Street Address (P.O. Box Number is Not Acceptable) WOLFE + GOLDSTEIN, P.A. 550 Brickell Avenue, Penthouse City Miami FL Zip Code 33131
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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 the registered agent.

SIGNATURE  DATE **7/28/04**
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	mgm michelle wolfe 19902 NE 19th NMB FL 33179 <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"/> Delete	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"/> Delete	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 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, the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE  DATE **7/28/04** (305) 381-7115
(NOTE: Signature required of signing managing member, manager, or authorized representative)