

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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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

34010236



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

07282004 Chg-LLC CR2E083 (10/03)

4. FEI Number
05-0576475

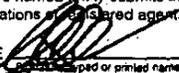
Applied For
 Not Applicable

5. Certificate of Status Desired \$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 if Not Acceptable):
WOLFE + GOLDSTEIN, P.A.
550 Brickell Avenue, Penthouse
City: **Miami** FL Zip Code: **33131**

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 stated 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
mgm Michelle Wolfe 19902 NE 19th NMB FL 33179	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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: Registered Agent signature required when reinstating)