


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90043 027 *****50.00

DOCUMENT # L03000013917	
1. Entity Name IMAGEART PHOTOGRAPHY, LLC	

Principal Place of Business 5917 FALCONWOOD PLACE LITHIA FL 33547 US	Mailing Address 5917 FALCONWOOD PLACE LITHIA FL 33547 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E083 (11/03)

4. FEI Number 45-0512278	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 GONDOLFO, CARL R 5917 FALCONWOOD PLACE LITHIA FL 33547		7. Name and Address of New Registered Agent Name GANDOLFO, CARL R Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE - NAME MGRM GONDOLFO, CARL R STREET ADDRESS 5917 FALCONWOOD PLACE CITY-ST-ZIP LITHIA FL 33547	<input type="checkbox"/> Delete	TITLE - NAME GANDOLFO, CARL R STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Carl Gandolfo **4/10/04** **813-661-4704**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #