

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017592

FILED
Mar 26, 2009
Secretary of State

Entity Name: PHOTOPIA, LLC

Current Principal Place of Business:

250 AVENUE K, SOUTHWEST
SUITE 200
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

250 AVE. K, SOUTHWEST
SUITE 200
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 33-1057655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MISCH, DAVID M MD
250 AVENUE K, SOUTHWEST
SUITE 200
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MISCH, DAVID M M.D.
Address: 250 AVENUE K, S.W. STE 200
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGRM () Delete
Name: BERGER, ADAM M.D.
Address: 250 AVENUE K, S.W., STE 200
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID M. MISCH

MGRM

03/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date