

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90344 011 ****50.00

DOCUMENT # L03000028224

1. Entity Name
PHOTOWALK PRODUCTIONS, LLC



Principal Place of Business
**980 N FEDERAL HIGHWAY
SUITE 226
BOCA RATON, FL 33432**

Mailing Address
**980 N FEDERAL HIGHWAY
SUITE 226
BOCA RATON, FL 33432**

60036816



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.
Suite 400

Suite, Apt. #, etc.
Suite 400

04092007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
05-0569738

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00-Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAMUELSON, BEVERLY
980 N FEDERAL HIGHWAY
SUITE 226
BOCA RATON, FL 33432**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 400

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
COMPARATO, ROBERT
980 N FEDERAL HIGHWAY
BOCA RATON, FL 33432** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Robert Comparato

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

Date

Daytime Phone #

4-10-07 (561) 391-4040