04-18-2008 90151 041 ***138.50

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
L03000028224
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 15 PM 2:59

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DOCUMENT # L03000028224

1. Entity Name
PHOTOWALK PRODUCTIONS, LLC

Principal Place of Business	Mailing Address
980 N FEDERAL HIGHWAY SUITE 400 BOCA RATON, FL 33432	980 N FEDERAL HIGHWAY SUITE 400 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

04042008No Chg-LLC CR2E083 (12/07)

4. FEI Number
05-0569738
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAMUELSON, BEVERLY
980 N FEDERAL HIGHWAY
SUITE 400
BOCA RATON, FL 33432

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

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

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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 606, Florida Statutes.

SIGNATURE: _____ 4-4-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #