

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043960

FILED
Apr 05, 2007
Secretary of State

Entity Name: PICTURE PERFECT PROPERTIES, LLC

Current Principal Place of Business:

1134 W. WILLOW STREET
PALATINE, IL 60067

New Principal Place of Business:

5040 THORNBARK DR.
HOFFMAN ESTATES, IL 60010

Current Mailing Address:

1134 W. WILLOW STREET
PALATINE, IL 60067

New Mailing Address:

5040 THORNBARK DR.
HOFFMAN ESTATES, IL 60010

FEI Number: 90-0143591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLER, JANE
9250 THE LANE
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

BOHMAN, THOMAS M
17290 CALOOSA TRACE CIRCLE
FT MYERS, FL 33912 US

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: THOMAS BOHMAN

04/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ANTHONY, D'AGOSTINO J
Address: 1134 W. WILLOW ST
City-St-Zip: PALATINE, IL 60067

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: D'AGOSTINO, ANTHONY J PRES
Address: 5040 THORNBARK DR.
City-St-Zip: HOFFMAN ESTATES, IL 60010 US

Title: MGR () Change (X) Addition
Name: D'AGOSTINO, NANCY L VP
Address: 5040 THORNBARK DR.
City-St-Zip: HOFFMAN ESTATES, IL 60010 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY D'AGOSTINO

MGR

04/05/2007

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