

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046630

FILED
Feb 20, 2006
Secretary of State

Entity Name: EBBETS PHOTO - GRAPHICS, LLC

Current Principal Place of Business:

210 SOUTH BEACH ST., SUITE 200
DAYTONA BEACH, FL 32114

New Principal Place of Business:

154 WEST GRANADA BLVD.
ORMOND BEACH, FL 32174

Current Mailing Address:

210 SOUTH BEACH ST., SUITE 200
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 33-1076965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EBBETS, CHOBEE
210 SOUTH BEACH ST., SUITE 200
DAYTONA BEACH, FL 32114 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: EBBETS HAHN, TAMI
Address: 6317 SHINN CREEK LANE
City-St-Zip: WILMINGTON, NC 28409

Title: MGRM () Delete
Name: ALLEN EBBETS, BRUCE
Address: 241 MARY'S COURT
City-St-Zip: ST. MARY'S, GA 31558

Title: MGRM () Delete
Name: JOYCE BAGLEY, TOBY
Address: 217 THOMPSONVILLE ROAD
City-St-Zip: TAVERNIER, FL 33070

ADDITIONS/CHANGES:

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

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 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: CHOBEE EBBETS

ATTY

02/20/2006

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