

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

50.00

DOCUMENT # L03000051559

1. Entity Name

PHOTO INVESTMENTS, LLC

Principal Place of Business
c/o Jose A. Rodriguez, Esq.

Mailing Address
c/o Jose A. Rodriguez, Esq.

2. Principal Place of Business
100 SE 2nd Street

3. Mailing Address
100 SE 2nd Street

Suite, Apt. #, etc.
Suite 2900

Suite, Apt. #, etc.
Suite 2900

City & State
Miami, FL

City & State
Miami, FL

Zip
33131

Country
US

Zip
33131

Country
US

4. FEI Number
20-1163426

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and address of New Registered Agent

Name

Jose A. Rodriguez, Esq.

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

100 S.E. Second Street

Suite 2900

City

Miami

FL

Zip

33131

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$50.00
DUE BY MAY 1, 2005

Make Check Payable to
Florida Department of State

9. MANAGING MEMBERS/ MEMBERS

10. ADDITIONS/ CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR Shnlberg, Andrea ☐ Delete
90 Avn Road, Suite 2402
Miami Beach, FL 33139

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR / P Stivelberg, Andrea ☒ Change ☐ Addition
100 SE 2nd Street, Suite 2900
Miami, FL 33131

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
100054039841
05/09/05--01017--005 **350.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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

Andrea Stivelberg

2-17-05

3054233426

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

Date

Daytime Phone #