2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 21, 2004
Secretary of State

DOCUMENT# L03000055082

Entity Name: PHOTO VENTURES, LLC

Current Principal Place of Business:

4601 PONCE DE LEON BLVD.
SUITE 203
CORAL GABLES, FL 33146

New Principal Place of Business:

C/O BRUCE JAY TOLAND, P.A.
80 S.W. 8TH STREET, SUITE 1920
MIAMI, FL 33130

Current Mailing Address:

4601 PONCE DE LEON BLVD.
SUITE 203
CORAL GABLES, FL 33146

New Mailing Address:

C/O BRUCE JAY TOLAND, P.A.
80 S.W. 8TH STREET, SUITE 1920
MIAMI, FL 33130

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BRUCE JAY TOLAND, P.A.
80 S.W. 8TH STREET
SUITE 1920
MIAMI, FL 33130 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/MEMBERS:

Title: MGRM ( ) Delete
Name: FRIEDMAN, DAVID
Address: 4601 PONCE DE LEON BLVD., SUITE 203
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FRIEDMAN, DAVID
Address: 637 DESTACADA AVENUE
City-St-Zip: CORAL GABLES, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID FRIEDMAN MGRM 10/21/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date