

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000003400	
1. Entity Name CAMERA4YOU, LLC	



FILED

05 FEB 16 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2198 MAIN STREET SARASOTA, FL 34237 US	Mailing Address 2198 MAIN STREET SARASOTA, FL 34237 US
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2. Principal Place of Business		3. Mailing Address Wiro Lochner	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Wiesfleckenweg 10	
City & State		City & State 86641 Rain	
Zip 86641	Country	Zip 86641	Country Germany

02152005 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1214792	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent JAENSCH, PETER J 2198 MAIN STREET SARASOTA, FL 34237	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOCHNER, WIRO WIESFLECKENWEG 10 RAIN-ETTING, GERMANY, - 86641 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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100046685791
02/16/05--01003--025 **50.00

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: _____	2.16.2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #