# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2009 JAN 15 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000003400

1. Entity Name
CAMERA4YOU, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 2198 MAIN STREET<br>SARASOTA, FL 34237 US | ~~EREENWEG 3~~ Postbox 1132<br>~~RAIN, GERMANY, 86447~~ 86638 RAIN<br>Germany |

01022009 No Chg-LLC CR2E083 (11/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1214792

☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2009 Fee will be $538.75**

100141020071
01/16/09--01045--009 **138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | LOCHNER, WIRO |
| STREET ADDRESS | ERLENWEG 3 |
| CITY-ST-ZIP | RAIN-ETTING, GERMANY, -- 86641 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** _____ 1.1.2009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #