

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004626

FILED
Jun 10, 2009
Secretary of State

Entity Name: TIM YOHO PHOTOGRAPHY, L.L.C.

Current Principal Place of Business:

1915 NORTH MONROE STREET
TALLAHASSEE, FL 32303

New Principal Place of Business:

2901 EAST PARK AVENUE
SUITE 2400
TALLAHASSEE, FL 32301

Current Mailing Address:

7054 JOHN WAYNE COURT
TALLAHASSEE, FL 32305

New Mailing Address:

2901 EAST PARK AVENUE
SUITE 2400
TALLAHASSEE, FL 32301

FEI Number: 77-0621418 **FEI Number Applied For ()** **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:

YOHO, TIMOTHY D
1915 NORTH MONROE ST
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

YOHO, TIMOTHY D
2901 EAST PARK AVENUE
SUITE 2400
TALLAHASSEE, FL 32301 US

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: TIMOTHY D. YOHO

06/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: YOHO, TIMOTHY D
Address: 1915 NORTH MONROE ST
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: YOHO, TIMOTHY D
Address: 2901 EAST PARK AVENUE, SUITE 2400
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY D. YOHO

MGRM

06/10/2009

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