

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016270

Entity Name: BLUE EYES PHOTOGRAPHY, LLC

FILED  
May 01, 2005  
Secretary of State

**Current Principal Place of Business:**

216 AFTON SQ  
202  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

841 E VOTAW RD  
APOPKA, FL 32703 US

**Current Mailing Address:**

216 AFTON SQ  
202  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

841 E VOTAW RD  
APOPKA, FL 32703 US

FEI Number: 20-0820868      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:**

PAGE, DANNY J  
216 AFTON SQ  
202  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

PAGE, DANNY J  
841 E VOTAW RD  
APOPKA, FL 32703 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: DANNY J PAGE

05/01/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: PAGE, DANNY J  
Address: 216 AFTON SQ #202  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PAGE, DANNY J  
Address: 841 E VOTAW RD  
City-St-Zip: APOPKA, FL 32703 US

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 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: DANNY J PAGE

MGR

05/01/2005

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