

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017443

FILED  
Jan 14, 2008  
Secretary of State

**Entity Name:** AMERICAN PHOTOS, GRAPHICS & DESIGNS, LLC

**Current Principal Place of Business:**

1040 WAVERLY DRIVE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

2624 WEST STATE ROAD 434  
LONGWOOD, FL 32779

**Current Mailing Address:**

1040 WAVERLY DRIVE  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:** 20-0871369      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ALESHE, THOMAS J  
1040 WAVERLY DRIVE  
LONGWOOD, FL 32750      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/MANAGERS:**

Title: MGR      ( ) Delete  
Name: ALESHE, THOMAS J  
Address: 1040 WAVERLY DRIVE  
City-St-Zip: LONGWOOD, FL 32750

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: ALESHE, THOMAS J MGR  
Address: 1040 WAVERLY DRIVE  
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM      ( ) Change (X) Addition  
Name: ALESHE, DOROTHY J MGRM  
Address: 1040 WAVERLY DRIVE  
City-St-Zip: LONGWOOD, FL 32750

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: THOMAS ALESHE      MGR      01/14/2008

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