


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90363 039 \*\*\*\*55.00

<b>DOCUMENT # L04000042722</b>	
1. Entity Name <b>ALL CREATION PHOTOGRAPHY LLC</b>	

Principal Place of Business <b>105 MALLARD RD LAKE ALFRED, FL 33850 US</b>	Mailing Address <b>P O BOX 509 LAKE ALFRED, FL 33850 US</b>
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**40112912**



2. Principal Place of Business - No P.O. Box # <b>165 MALLARD RD</b>	3. Mailing Address Suite, Apt. #, etc.
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04302007 Chg-LLC CR2E083 (12/06)

City & State <b>LAKE ALFRED FL</b>	City & State
Zip <b>33850</b>	Country <b>US</b>

4. FEI Number <b>20-1208975</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CLARK, JONI B 105 MALLARD RD LAKE ALFRED, FL 33850</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
<b>165 MALLARD RD</b>	
City <b>LAKE ALFRED</b>	FL Zip Code <b>33850</b>

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, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLARK, JONI B 105 MALLARD RD LAKE ALFRED, FL 33850 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>165 MALLARD RD LAKE ALFRED FL 33850</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLARK, MICHAEL D 105 MALLARD RD LAKE ALFRED, FL 33850 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>165 MALLARD RD LAKE ALFRED FL 33850</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Joni B. Clark **4/30/07** **863-521-3525**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #