


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000076428</b> 1. Entity Name IRIS PHOTOCOLLECTIVE, LLC	
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Principal Place of Business 893 NE 72ND STREET MIAMI, FL 33138	Mailing Address 893 NE 72ND STREET MIAMI, FL 33138
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04182007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3253942	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MEYERS, JULIE A EA 19916 COURT OF THE LIONS BOCA RATON, FL 33434
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUSTE, CARL P 893 NE 72ND STREET MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHUNG, ANDRE 9576 FAREWELL ROAD COLUMBIA, MD 21045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, CLARENCE 443 S. SAN PEDRO STREET, #608 LOS ANGELES, CA 90013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, PABLO 1207 CLIFTON STREET NW WASHINGTON, DC 20009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000737852 05/11/07-80045-001 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.

<b>SIGNATURE:</b> <i>X Carl Juste</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date <i>4/24/07</i> <small>Daytime Phone #</small>
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