

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2006 8:00 am
Secretary of State

01-13-2006 90038 049 ****50.00

DOCUMENT # L05000095935 1. Entity Name MICHELE'S PHOTO RESTORATIONS L.L.C.					
Principal Place of Business 3423 E SILVER SPRINGS BLVD OCALA, FL 34470			Mailing Address BOX 830631 OCALA, FL 34483-0631		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. EB Number 56-2537629	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BADANEK, MICHAEL J 4221 SE 46TH ST OCALA, FL 34480			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing.)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
8. MANAGING MEMBERS/MANAGERS			9. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" 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	
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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 606, Florida Statutes.					
SIGNATURE: <u><i>Michael J. Badanek</i></u> (Registered Agent) 1-11-06 352-236-1300					

30001594



01092006 Chg-LLC CR2E083 (11/05)



ATTACHMENT

30001594

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2006

MICHELE'S PHOTO RESTORATIONS L.L.C.
BOX 830631
OCALA, FL 34483-0631

Subject: MICHELE'S PHOTO RESTORATIONS L.L.C.

Reference Number:

L05000095935

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE
ANNUAL REPORTS SECTION

FEIN#

56-2537629

2/27/2006

Muller
Registered Agent

P.O. BOX 6478 - Tallahassee, Florida 32314

ATTACHMENT



30001594

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2006

MICHELE'S PHOTO RESTORATIONS L.L.C.
BOX 830631
OCALA, FL 34483-0631

Subject: MICHELE'S PHOTO RESTORATIONS L.L.C.

Reference Number: 105000095935

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

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P.O. BOX 6478 - Tallahassee, Florida 32314