2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000095935

1. Entity Name
MICHELE'S PHOTO RESTORATIONS L.L.C.



Principal Place of Business

OCALA, FL 34470

3423 E SILVER SPRINGS BLVD

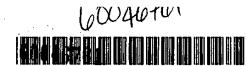
Mailing Address

BOX 830631

OCALA, FL 34483-0631

FILED May 01, 2007 8:00 am Secretary of State

05-01-2007 90320 016 ****55.00



DO NOT WRITE IN THIS SPACE

01052007 No Chg-LLC CR2E083 (11/05)

4. FEI Number				Applied For
56-2537629				Not Applicable
5. Certificate of Status Desired	X	\$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent

BADANEK, MICHAEL J 4221 SE 46TH ST OCALA, FL 34480

SIGNATURE:

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE_	Signature, typed or printed name of registered agont and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE			
Filing Fee is \$50.00 Due by May 1, 2007						
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMMONS, SALLY J POB 830631 OCALA, FL 34483					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS S	SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
11. I hereby certify that the information supplied with this filling 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.						

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