

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107916

Entity Name: MOELLER PHOTOGRAPHY LLC

FILED
Apr 17, 2006
Secretary of State

Current Principal Place of Business:

485 COUNTY ROAD 482 NORTH
LAKE PANASOFFKEE, FL 33538

New Principal Place of Business:

Current Mailing Address:

PO BOX 1476
LAKE PANASOFFKEE, FL 33538

New Mailing Address:

FEI Number: 56-2540832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOELLER, ERIC C
7035 PHILIPS HWY
5
JACKSONVILLE, FL 32216 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: MGRM () Delete
Name: WRIGHT, DONNA
Address: 485 COUNTY ROAD 482 NORTH
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: MGRM () Delete
Name: MOELLER, ERIC
Address: 7035 PHILIPS HWY #5
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete
Name: MOELLER, ALAN
Address: 3299 HAPPY HOLLOW RD
City-St-Zip: BLACKSBURG, WV 24060

Title: MGRM () Delete
Name: MOELLER, RUTH
Address: 5439 CHEDWORTH
City-St-Zip: CHARLOTTE, NC 28210

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WRIGHT, DONNA
Address: 485 CR 482 N
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DONNA M. WRIGHT

MRS.

04/17/2006

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