


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000110344 1. Entity Name IMAGES BY SKIP, LLC	
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Principal Place of Business 504 N. LARRY CIRCLE BRANDON, FL 33511	Mailing Address 504 N. LARRY CIRCLE BRANDON, FL 33511
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01102007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0129065	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GREENWOOD, MARY L ESQ. 619 E. LUMSDEN ROAD BRANDON, FL 33511

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

1-11-07

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'ROURKE, FRANKLYN S 504 N. LARRY CIRCLE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'ROURKE, KATHERYN S 504 N. LARRY CIRCLE BRANDON, FL 33511
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01/17/07-80081-005 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/10/07

Date

813-900-8025

Daytime Phone #