


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2008 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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DO NOT WRITE IN THIS SPACE



01132008No Chg-LLC

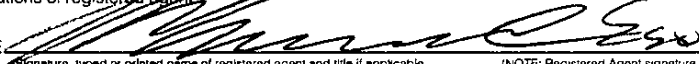
CR2E083 (12/07)

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:  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	1-15-08 DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	U00000788022 01/18/08-80023-013 138.75
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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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	1/13/07 Date	813-900-8025 Daytime Phone #
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