



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90151 031 \*\*\*\*50.00

<b>DOCUMENT # L05000119828</b> 1. Entity Name <b>AMERICAN PERSONALITY PHOTOS LLC</b>					
Principal Place of Business <b>3351 NW BOCA RATON BLVD. BOCA RATON, FL 33431</b>			Mailing Address <b>P.O. BOX 643717 VERO BEACH, FL 32964</b>		
2. Principal Place of Business - No P.O. Box # <b>5055 Hwy A1A North</b> Suite, Apt. #, etc. <b>Suite A</b>		3. Mailing Address Suite, Apt. #, etc. 			
City & State <b>VERO BEACH FL</b>		City & State 		4. FEI Number <b>20-4120535</b>	
Zip <b>32963</b>		Country <b>Indian River</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SHAHEN, WILLIAM M</b> <b>3351 NW BOCA RATON BLVD.</b> <b>BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent Name <b>David A Rustine</b> Street Address (P.O. Box Number is Not Acceptable) <b>5055 Hwy A1A North</b> <b>Suite A</b> City <b>VERO BEACH</b> <b>FL</b> Zip Code <b>32963</b>	
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 <u><i>David Rustine</i></u> <b>David Rustine MGRM</b> DATE <b>4/30/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAHEEN, WILLIAM M <input checked="" type="checkbox"/> Delete 3351 NW BOCA RATON BLVD. BOCA RATON, FL 33431			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete RUSTINE, DAVID P.O. BOX 643717 VERO BEACH, FL 32964			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5055 Hwy A1A North, Suite A</b> <b>VERO BEACH, FL 32963</b>
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
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
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
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
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: <u><i>David Rustine</i></u> <b>David Rustine MGRM</b>				Date <b>5/1/07</b> Daytime Phone # <b>(772) 231-6363</b>	