

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90028 016 \*\*\*\*55.00

**DOCUMENT # L05000120977**

1. Entity Name  
**PHOTOGRAPHY BY BRUCE, LLC**



Principal Place of Business  
**3620 NORTH UNIVERSITY DR.  
 CORAL SPRINGS, FL 33065**

Mailing Address  
**3620 NORTH UNIVERSITY DR.  
 CORAL SPRINGS, FL 33065**

2. Principal Place of Business  
**9803 RIVERSIDE DR**  
 Suite, Apt. #, etc.

3. Mailing Address  
**9803 RIVERSIDE DR.**  
 Suite, Apt. #, etc.

City & State  
**CORAL SPRINGS, FL**


City & State  
**CORAL SPRINGS, FL**

Zip  
**33071**

Country  
**USA**

Zip  
**33071**

Country  
**USA**



02232006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SOLOV, BRUCE H  
 3620 NORTH UNIVERSITY DR.  
 CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent  
 Name **BRUCE H. SOLOV**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9803 RIVERSIDE DR.**  
 City **CORAL SPRINGS** FL Zip Code **33071**

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.

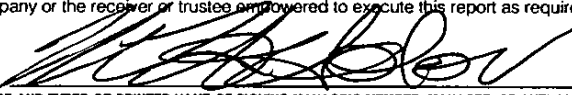
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2006**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLOV, BRUCE H 3620 NORTH UNIVERSITY DR. CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLOV, BRUCE H. 9803 RIVERSIDE DR. CORAL SPRINGS, FL 33071 <input checked="" 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
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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:**  **3/13/06** **984-263-8932**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**BRUCE H. SOLOV, MANAGING MEMBER**