

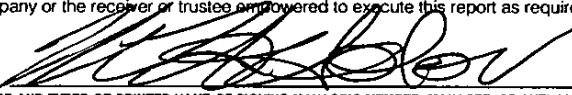


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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		02232006 Chg-LLC CR2E083 (11/05)	
Zip 33071		Country USA		4. FEI Number	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
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			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
10. ADDITIONS/CHANGES					
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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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"/> 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					