


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90149 031 ***138.75

| | |
|---|---|
| DOCUMENT # L05000120977 1. Entity Name PHOTOGRAPHY BY BRUCE, LLC |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 9803 RIVERSIDE DR POMPANO BEACH, FL 33071 | Mailing Address 9803 RIVERSIDE DR POMPANO BEACH, FL 33071 |
|---|---|

60015868



| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

03142008 Chg-LLC CR2E083 (12/06)

| | |
|---|--|
| 4. FEI Number 20-4786247 20-4186247 | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| SOLOV, BRUCE H 9803 RIVERSIDE DR POMPANO BEACH, FL 33071 | Name Street Address (P.O. Box Number is Not Acceptable) City |
| | State: FL Zip Code |


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 _____

| | | |
|---|--|--|
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State |
|---|--|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|------------------------------|---|-----------------------|---|
| TITLE | MGRM | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOLOV, BRUCE H SOLOV, BRUCE H. <input type="checkbox"/> Delete | NAME | |
| STREET ADDRESS | 9803 RIVERSIDE DR. | STREET ADDRESS | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33071 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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:  3/14/08 954-263-9931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #