2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: AND K. PECK ANDA K. PECK SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Apr 10, 2007 8:00 am Secretary of State DOCUMENT # L05000123459 1. Entity Name 04-10-2007 90080 029 ****50.00 SNAPDRAGON PHOTOGRAPHY LLC Principal Place of Business Mailing Address 4221 SW 70TH TERRACE GAINESVILLE FL 32608 4221 SW 70TH TERRACE GAINESVILLE FL 32608 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 19409 SW 15th 19409 Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 06-1766242 Florida Newberr Not Applicable Newberry Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required ACU6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PECK, ANJA 4221 SW 70TH TERRACE Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE FL 32608 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 Signature, typed or printed name of registered agent and life if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. HITE □ Change DIH MGRM ☐ Delete Addition NAME PECK, ANJA STREET ADDRESS STREET ADDRESS 4221 SW 70TH TERRRACE CHY ST 7P CITY ST 7/P GAINESVILLE FL 32608 ☐ Addition 19111 Delete 1011 ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST ZIP HILE THU ☐ Delete ■ Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY+S1 ZIP Addition THUE ☐ Delete THE ☐ Change NAME NAM STREET ADDRESS STREET ADDRESS CHY ST 7P CITY ST 7/P HITE ☐ Change ■ Addition HILL ☐ Delete NAME STREET ADDRESS STREET ADDRESS CHY ST ZIP CITY ST-ZIP Change ☐ Addition 1000 ☐ Delete HIII NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY SI-ZIP 11. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 early 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.

FILED