


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90068 038 ***138.75

DOCUMENT # L05000123459	
1. Entity Name SNAPDRAGON PHOTOGRAPHY LLC	

Principal Place of Business 19409 SW 15TH AVE NEWBERRY, FL 32669 US	Mailing Address 19409 SW 15TH AVE NEWBERRY, FL 32669 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 06-1766242	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PECK, ANJA 4221 SW 70TH TERRACE GAINESVILLE, FL 32608	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City, FL Zip Code
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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 Anja Peck DATE 1/7/08
Signature, type, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PECK, ANJA 4221 SW 70TH TERRACE GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19409 SW 15th Ave Newberry FL 32669
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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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: Anja K Peck DATE 1/17/08 DAYTIME PHONE # 352-318-5330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE