

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039711

Entity Name: G. T. PHOTO, L.L.C.

FILED
Jan 28, 2008
Secretary of State

Current Principal Place of Business:

430 N MILLS AVE
C/O LEFKOWITZ & SHAW, P.A.
ORLANDO, FL 32803 US

Current Mailing Address:

430 N MILLS AVE
C/O LEFKOWITZ & SHAW, P.A.
ORLANDO, FL 32803 US

New Principal Place of Business:

5555 S. KIRKMAN RD
#103
ORLANDO, FL 32819 US

New Mailing Address:

3389 SHERIDAN ST
#305
HOLLYWOOD, FL 33021 US

FEI Number: 20-4729932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M
430 N MILLS AVE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TOORGEMAN, HAIM
Address: 3389 SHERIDAN ST SUITE 305
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGR () Delete
Name: HARARI, RONI
Address: 5780 LOS PALMA VISTA DR
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HAIM TOORGEMAN

MR

01/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date