2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Sep 10, 2007 8:00 am Secretary of State

DOCUMENT # L06000085736 1. Entity Name ERIC B. WELLS PHOTOGRAPHY, LLC										-2007 90103		
Principal Plac 2008 JACKSC C1 HOLLYWOOD	ON STREET			Mailing Address 2008 JACKSON STREET C1 HOLLYWOOD, FL 33020					, ~~~		· · · · · · · · · · · · · · · · · · ·	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address 1931 SE 18# Sf.								
Suite, Apt. #, etc. Pompano Reach, A				Suite, Apt. #, etc. Dom Dano Roach FL				0906200	7 Chg-LLC	CR2E	083 (12/06)	
City & State				City & State				4. FEI Nun	nber 55 /	6144	<u> </u>	oplied For
3306°	2	Country US 4		33062	Cou			5. Certifica	ate of Status Desi	ired 🗌	\$5.00 Add	ditional
	6. Name	and Addres	s of Current R	egistered Agent Name			<u></u>	7. Name and Address of New Registered Agent				
WELLS, ERIC B 2008 JACKSON STREET				1	Street Ado	Street Address (P.O. Box Number is Not Acceptable)						
C1 HOLLYWOOD, FL 33020				/	193	3/	SE ,	18 PT ST	,	_		
I	, , , , , , , , , , , , , , , , , , ,	1	1-	1		City	. (0.4	. T	2006/0	FI	Zip Cod	2 / 2
8. The above	named entit	y submet it s	satement for	the purpose of changing i	ts register	red office or re	registere		each both, in the State	of Florida. I am	lamiliar with,	and accept
the obligati	ions of regis	tered agent.	$\mathbb{L}(\mathcal{L})$	/						9/4	200	2
SIGNATURE	Signature, typed	or printed name b	registered agent ar	nd title if applicable. (NC	TE: flegister	ed Agent signature	e required v	when reinstating)	,	DATE	~~~	
Filing Fee is \$50.00 Due by September 14, 2007									FI	Make check p orida Departm		e
9.		MANAC	ING MEMBER	I RS/MANAGERS	10.			·-,	ADDITI	ONS/CHANGES	3	
TITLE	MGR WELLS, I	ERIC B		Delete	TITE NAM	I I					☐ Change	☐ Addition
STREET ADDRESS 2008 JACKSON STREET, C1 CITY-ST-ZIP HOLLYWOOD, FL 33020					EET ADDRESS Y-SI-ZIP							
TITLE	HOLLIV	000,71 3.	3020	☐ Delete	TITE						☐ Change	Addition
NAME STREET ADDRESS	:	. *			NAM	ME EET ADDRESS					_ ,	
CITY-ST-ZIP						Y-ST-ZIP						
TITLE NAME				☐ Delete	TITL						Change	Addition
STREET ADDRESS					STR	EET ADORESS						
CITY-ST-ZIP			-	Delete	TITE	r-ST-ZIP					Change	Addition
NAME				□ Delete	NAK	AE					☐ Change	Abbition
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS Y-ST-ZIP						l i
TITLE				☐ Delete	TITL	1					☐ Change	Addition
name Street address					NAM STR	AE EET ADDRESS						
CITY-SI-ZIP						r-ST-ZIP						
TITLE NAME				☐ Delete //	TITL	l l					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				- / M	CITY	EET ADORESS Y-ST-ZIP						
11l hereby of indicated limited lial	ertify that th on this repo bility compa	e information rt is true and a ny or the rece	supplied with I accurate and the iver or trustee	his filing does not qualify for hat my signature shall have empowered to execute this	or the exe the sam report a	emptions cont le legal effect s required by	tained ir as if ma Chapte	n Chapter 11 ade under oa er 608, Florid	9, Florida Statute ath; that I am a m a Statutes.	s. I further certification	that the info er or manage	rmation er of the
SIGNATURE: 9/6/2007												
	CHATURE !	AND TYPED OR P	RINTED NAME OF	SIGNING MANAGING MEMBER, M.	ANAGER, DI	R AUTHORIZED R	EPRESEN	TATIVE	Date	- t c	laytime Phone if	