2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094122

1308 WEEPING WILLOW CT

CAPE CORAL, FL 33909

Address:

City-St-Zip:

Entity Name: CRYSTAL CONNELLY PHOTOGRAPHY, LLC

FILED Jul 03, 2009 Secretary of State

| Current | Principal Place of Business: | New Principal Place of Business: | | |
|----------------------------|---|--|-----------------------|--|
| | EEPING WILLOW CT ORAL, FL 33909 | | | |
| Current | Mailing Address: | New Mailing Address: | | |
| | EEPING WILLOW CT ORAL, FL 33909 | | | |
| In accorda | er: 16-1772662 FEI Number Applied For ance with s. 607.193(2)(b), F.S., the limited liab nd Address of Current Registered Age | ility company did not receive the prior notice. | of Status Desired () | |
| 1308 WE | LLY, CRYSTAL EEPING WILLOW CT ORAL, FL 33909 US | | | |
| | ve named entity submits this statement fo ate of Florida. | or the purpose of changing its registered office or regi | stered agent, or both | |
| SIGNAT | URE: | | | |
| | Electronic Signature of Register | ed Agent Da | te | |
| MANAGING MEMBERS/MANAGERS: | | ADDITIONS/CHANGES: | ADDITIONS/CHANGES: | |
| Title: Name: | MGRM () Delete CONNELLY, CRYSTAL | Title: () Change() A Name: | Addition | |

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: CRYSTAL CONNELLY OWNR 07/03/2009