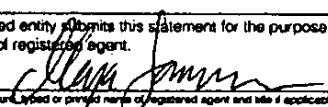
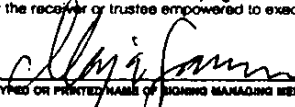


FILED
Aug 30, 2007 8:00 am
Secretary of State

07-19-2007 90042 049 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000094631			
1. Entity Name MILLER PHOTOGRAPHY, LLC			
Principal Place of Business 601 CONGRESS AVENUE, STE. 101A DELRAY BEACH, FL 33445		Mailing Address 601 CONGRESS AVENUE, STE. 101A DELRAY BEACH, FL 33445	
2. Principal Place of Business - No P.O. Box # 601 CONGRESS AVENUE		3. Mailing Address 601 CONGRESS AVENUE	
Suite, Apt. #, etc. SUITE 101A		Suite, Apt. #, etc. SUITE 101A	
City & State DELRAY BEACH, FL		City & State DELRAY BEACH, FL	
Zip 33445	Country U.S.	Zip 33445	Country U.S.
4. FEIN Number 20-5614130 767-36-8303		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SOMMERFELD, MAJA 601 CONGRESS AVENUE, STE. 101A DELRAY BEACH, FL 33445		7. Name and Address of New Registered Agent Name SOMMERFELD, MAJA Street Address (P.O. Box Number is Not Acceptable) 601 CONGRESS AVENUE, STE 101A City DELRAY BEACH FL Zip Code 33445	
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  DATE 07/06/07 (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MANAGER MAJA SOMMERFELD 601 CONGRESS AVENUE, SUITE 101A DELRAY BEACH, FLORIDA - 33445	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MANAGER RICHARD MILLER 500 N. CONGRESS AVENUE, SUITE 1309 DELRAY BEACH, FLORIDA 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 606, Florida Statutes. SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____			

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