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

300146001

Principal Place of Business	Mailing Address
601 CONGRESS AVENUE, STE. 101A DELRAY BEACH, FL 33445	601 CONGRESS AVENUE, STE. 101A DELRAY BEACH, FL 33445

07062007 Chg-LLC CR2E083 (12/06) 20-5614120

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	Zip	33445
Country	U.S.	Country	U.S.

4. FEI Number 20-5614120 ~~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	7. Name and Address of New Registered Agent
SOMMERFELD, MAJA 601 CONGRESS AVENUE, STE. 101A DELRAY BEACH, FL 33445	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 [signature] 07/06/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 C309 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 608, Florida Statutes.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #