	·	REPORT (AR		FILED Feb 07, 2007 8:00 am Secretary of State		
DOCUMENT # L06000101551 1. Entity Name				Secretary of State		
,	ERFECT PHOTOGRAPHY L	LC		02-07-2007 90114 028 ****50.00		
Principal Place of Business Mailing Address				<u> </u>		
2607 SE SNAPPER ST PORT ST LUCIE FL 34952		2607 SE SNAPPER ST PORT ST LUCIE FL 34952				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suilo, Apt. #, otc.		1st MOORE CR2E083 (10/06)		
City & State		Cily & State		4. FEL Number Applied For Applied For Not Applicable		
Zıp	Country	Zip	Country	5. Certificate of Status Desired Fee Required		
	6. Name and Address of Curren	t Registered Agent	Nama	7. Name and Address of New Registered Agent		
MARTIN, FREDERICK W			ļ	Name		
260	7 SE SNAPPER ST RT ST LUCIE FL 34952		Street 4	Address (P.O. Box Number is Not Acceptable)		
			City	FL Zip Code		
		Make Check Payat	OW!!! FEE IS \$ ble to Florida De le By May 1, 200	epartment of State		
9.	MANAGING MEMB		10,	ADDITIONS/CHANGES		
TIFLE NAMI STREET ADDRESS CTY - ST - ZIP	MGR MARTIN, FREDERICK 2607 SE SNAPPER ST PORT ST LUCIE FL 34952	Delete	HILL NAME STREET ADDAESS CHY-ST-ZP	Change Chaddition		
TITLE NAME STREET ADDRESS CITY_S1-ZIP		Delete	TITLE NAME STREET ADDRESS CITY+ST-71P	Change Addition		
TITLE NAME STREET ADDRESS CHTY-S1-ZIP		Delete	TITLE NAME STREELADORESS CLTY-ST-ZIP	Change Addition		
title Name Street address City · St-Zip		Delete	TITLE NAMF Street Add re ss City-St-Zip	Change Addition		
TIFLE NAME STREET ADDRESS CHY+ST-ZIP		Delete	TITLE. NAME Street Adoress City+s1-7P	Change Addition		
title Name Sireet adoress Cify-st-zip		Delete	TITLE NAME STREET ADDRESS CITY+S1-ZIP	Change Addition		
indicated	ertify that the information supplied wi on this report is true and accurate an oility company or the receiver or trust	d that my signature shall have	ve the same legal e	s contained in Section 119, Florida Statutes. I further certify that the information effect as if made under oath; that I am a managing member or manager of the ed by Chapter 608, Florida Statutes.		
SIGNAT		DE SIGNING MANAGING MEMBER, MA	NAGER, OR AUTHORIZED	ED REPRESENTATIVE Care Dayturne Phone 4		