

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106056

FILED
Jan 17, 2008
Secretary of State

Entity Name: LINDSAY OSBORNE, INDEPENDENT PHOTOGRAPHER, LLC

Current Principal Place of Business:

1341 RUMBA LANE
TALLAHASSEE, FL 32304

New Principal Place of Business:

1131 OCALA ROAD
TALLAHASSEE, FL 32304

Current Mailing Address:

1341 RUMBA LANE
TALLAHASSEE, FL 32304

New Mailing Address:

1131 OCALA ROAD
TALLAHASSEE, FL 32304

FEI Number: 64-0954822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSBORNE, LINDSAY
1341 RUMBA LANE
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

OSBORNE, LINDSAY
1131 OCALA ROAD
TALLAHASSEE, FL 32304 US

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.

SIGNATURE: LINDSAY OSBORNE

01/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OSBORNE, DAVID R
Address: 1341 RUMBA LANE
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGR () Delete
Name: OSBORNE, LINDSAY
Address: 1341 RUMBA LANE
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OSBORNE, DAVID R
Address: 1131 OCALA ROAD
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGR (X) Change () Addition
Name: OSBORNE, LINDSAY
Address: 1131 OCALA ROAD
City-St-Zip: TALLAHASSEE, FL 32304

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: LINDSAY OSBORNE

MGR

01/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date