2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 09, 2007 8:00 am Secretary of State

		ANNUAL	REPORT			3/2	Secre	-fars	າ ດ f 9	State
DOCU	MENT	# L060001124	497	, ,				007 9018		
1. Entity Name CHARLES HALL PHOTOGRAPHY, LLC						١	03-29-2	00/9016	30 008	30.00
CHARLE	S HALL F	HUTUGRAPHT, L	LC			'				
Principal Place of Business			Mailing Address							
77 ALMERIA			77 ALMERIA STREET			_				
SAINT AUGUS	SIINE, FL 3	2084	SAINT AUGUSTINE, FL	32084		1				
- District		N- DO David	I de de la licina de alemana							
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				II GOILD BYMY BYMY BYMY B	1101 11061 11010 <u>1</u>	<u> </u>	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03232007	Chg-LLC	CR2E	083 (12/06)	
City & State			City & State		4. FEI Numl 20 -	369 9/	16		pplied For ot Applicable	
Zip	<u>-</u>	Country	Zip	Coun	try	5. Certificat	e of Status Desired		\$5.00 Add Fee Require	
	6. Name	and Address of Current R	tegistered Agent		Name	7. Name an	d Address of New	Registered /	Agent	
HALL, CH	ARLES E									
77 ALMER		ET , FL 32084	Stre		Street Address	(P.O. Box Numi	per is Not Acceptab	(e) 		
		,								
				;	City			FL	- 1	-
	named entitions of regist	y submits this statement for tered agent.	the purpose of changing its	s registere	ed office or registe	ered agent, or b	oth, in the State of F	korida. Iam	familiar with,	and accept
SIGNATURE.	•									
SIGNATURE	Signature, typed	or punied name of registered agent ar	NOT	E Registeria	2 Agent sightluis require	od when reinstating)		DATE		 _
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11. I hereby certify that the information supplied with this filling 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 f 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:	CHANGE HOLL	3/23/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SKIMING MANAGING	MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIV	E Care	Deytene Phone #