

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000120919

Entity Name: ATELIER PHOTO ART, LC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

1792 BELL TOWER LANE
#205
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1792 BELL TOWER LANE
#205
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-8078953 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PAUL SALVER PA
2721 EXECUTIVE PARK DR #3
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEWIS, LUCIANA D
Address: 1025 CREEKFORD DRIVE
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: CLEARY, ANA P
Address: 2456 GREENBRIER COURT
City-St-Zip: WESTON, FL 33327

Title: MGR () Delete
Name: CALLAHAN, PAOLA
Address: 1048 SUNFLOWER COURT
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LUCIANA LEWIS

MGRM

05/01/2007

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