

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) – DUE BY MAY 1, 2008**

DOCUMENT # L07000022858

1. Entity Name

SMILODON PHOTO, LLC.



**FILED
May 16, 2008 8:00 am
Secretary of State**

05-16-2008 90188 040 ***138.75



1st MOORE CR2E083 (10/07)

Principal Place of Business		Mailing Address	
6880 46TH AVE. N. STE 220 ST PETERSBURG FL 33709 US		6880 46TH AVE. N. STE 220 ST PETERSBURG FL 33709 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		4. FEI Number 36 4603717	
HOWELL, MICHAEL W 1032 14TH ST. N. ST PETERSBURG FL 33705		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
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 <i>Micheal Howell</i>		(NOTE: Registered Agent signature required when changing)	
		DATE 4/27/08	
		FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, MICHAEL W		
STREET ADDRESS	1032 14TH ST. N.		
CITY-ST-ZIP	ST PETERSBURG FL 33705		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Micheal Howell* (MICHAEL HOWELL) 4/27/08 727-545-9510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #