


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90117 049 ***138.75

DOCUMENT # L07000024993

1. Entity Name
ANA ADAMS PHOTOGRAPHY, LLC



Principal Place of Business Mailing Address
 3125 S.W. MIAMI CT 3125 S.W. MIAMI CT
 MIAMI, FL 33129 US MIAMI, FL 33129 US

60002626



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1660 NOCATEE DR. **1660 NOCATEE DR.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

01112008 Chg-LLC CR2E083 (12/06)

City & State City & State
MIAMI FL **MIAMI FL**

Zip **33133** Country **USA** Zip **33133** Country **USA**

4. FEI Number Applied For
20-8615688 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

ADAMS, ANA C
3125 S.W. MIAMI CT
MIAMI, FL 33129

Name **ANA C. ADAMS**
 Street Address (P.O. Box Number is Not Acceptable)
1660 NOCATEE DR.
 City **MIAMI** **FL** Zip Code **33133**

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 *Ana Adams* DATE **01/16/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY - ST - ZIP	MRGM ADAMS, ANA C 3125 S.W. MIAMI CT MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1660 NOCATEE DR. MIAMI, FL 33133
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11. I hereby certify that the information supplied with this filing 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 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: *Ana Adams* **01/16/08** **305.798.7774**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #