

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000062100
 1. Entity Name
 ART PHOTO EXPO, LLC



FILED

08 APR -1 PM 3:21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01232008 Chg-LLC CR2E083 (12/08)

Principal Place of Business
 1350 COLLINS AVENUE
 MIAMI BEACH, FL 33139

Mailing Address
 100 N BISCAYNE BLVD
 SUITE 500
 MIAMI, FL 33132

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEIN Number
26-0360303

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 SUREAU, OLIVIER
 100 N BISCAYNE BLVD
 SUITE 500
 MIAMI, FL 33132

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 agents.

SIGNATURE _____ (NOTE: Registered Agent signature is required when withdrawing) 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			
NAME	MGR	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OTHER SIDE USA, INC		→	NAME	701 4th Street - Suite 200		
STREET ADDRESS	1350 COLLINS AVENUE			STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY- ST- ZIP	MIAMI BEACH, FL 33139			CITY- ST- ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS				STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY- ST- ZIP				CITY- ST- ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS				STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY- ST- ZIP				CITY- ST- ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

02/11/08 - 90136-035 - \$138.75

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: *F. [Signature]* 04/04/08 3056092933

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