2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State
03-31-2008 90270 009 ***138.75

DOCUMENT # L07000087236

1. Entity Name
PHOTOGRAPHS & BEYOND L.L.C.

Principal Place of Business	Mailing Address
3591 KERNEN BLVD. S. #821 JACKSONVILLE, FL 32224 US	3591 KERNEN BLVD. S. #821 JACKSONVILLE, FL 32224 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3591 Kernan Blvd. S.	
Suite, Apt. #, etc. #821	Suite, Apt. #, etc.
City & State Jacksonville FL	City & State
Zip: 32224 / Country: U.S.	Zip / Country

01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 26-0781727 — Applied For / 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
JAMES, DAVID H 3591 KERNAN BLVD. S. #821 JACKSONVILLE, FL 32224	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 _____
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	MGR JAMES, DAVID H 3591 KERNAN BLVD. S. #821 JACKSONVILLE, FL 32224 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAMES, MARGARET A 3591 KERNAN BLVD. S. #821 JACKSONVILLE, FL 32224 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

570-906-5732

SIGNATURE: _____ 3-28-2008
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #