

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100313

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: OC ZONE PHOTOGRAPHY, LLC

**Current Principal Place of Business:**

4001 N PINE ISLAND ROAD  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

4001 N PINE ISLAND ROAD  
SUNRISE, FL 33351

**New Mailing Address:**

FEI Number: 26-1405492

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PB&A FINANCIAL SERVICES, CORP.  
174 NE 96TH STREET  
MIAMI SHORES, FL 33138 US

**Name and Address of New Registered Agent:**

OROPEZA, JUAN V MGR  
11121 SW 40TH COURT  
DAVIE, FL 33328 US

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: JUAN VICENTE OROPEZA

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CHUMAN, ADRIANA  
Address: 4001 N PINE ISLAND ROAD  
City-St-Zip: SUNRISE, FL 33351

Title: MGR ( ) Delete  
Name: OROPEZA, JUAN VICENTE  
Address: 11121 SW 40TH COURT  
City-St-Zip: DAVIE, FL 33328

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: OROPEZA, JUAN V  
Address: 11121 SW 40TH COURT  
City-St-Zip: DAVIE, FL 33328

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: JUAN VICENTE OROPEZA

MGR

04/27/2009

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