

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000023981

**FILED**  
**Feb 19, 2009**  
**Secretary of State**

**Entity Name:** SMALL PLANET PHOTOGRAPHY, LLC

**Current Principal Place of Business:**

600 MANATEE AVE UNIT 122  
HOLMES BEACH, FL 34217 US

**New Principal Place of Business:**

600 MANATEE AVE  
SUITE 122  
HOLMES BEACH, FL 34217 US

**Current Mailing Address:**

600 MANATEE AVE UNIT 122  
HOLMES BEACH, FL 34217 US

**New Mailing Address:**

600 MANATEE AVE  
SUITE 122  
HOLMES BEACH, FL 34217 US

**FEI Number:** 29-1589419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LITTEN, CRAIG  
600 MANATEE AVE UNIT 122  
HOLMES BEACH, FL 34217 US

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

LITTEN, CRAIG  
600 MANATEE AVE  
SUITE 122  
HOLMES BEACH, FL 34217 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: CRAIG LITTEN

02/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LITTEN, CRAIG  
Address: 600 MANATEE AVE UNIT 122  
City-St-Zip: HOLMES BEACH, FL 34217 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LITTEN, CRAIG  
Address: 600 MANATEE AVE, SUITE 122  
City-St-Zip: HOLMES BEACH, FL 34217 US

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: CRAIG LITTEN

MR.

02/19/2009

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