2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 24, 2009
Secretary of State

DOCUMENT# L08000024943

Entity Name: ALII PHOTOGRAPHY, LLC.

Current Principal Place of Business:

304 NW BINGHAMPTON LN
PORT SAINT LUCIE, FL 34983 US

New Principal Place of Business:

9026 PUMPKIN RIDGE
PORT SAINT LUCIE, FL 34986 US

Current Mailing Address:

304 NW BINGHAMPTON LN
PORT SAINT LUCIE, FL 34983 US

New Mailing Address:

9026 PUMPKIN RIDGE
PORT SAINT LUCIE, FL 34986 US

FEI Number: 26-2146202 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMAS, CATHERINE A
304 NW BINGHAMPTON LN
PORT SAINT LUCIE, FL 34983 US

Name and Address of New Registered Agent:

THOMAS, CATHERINE A
9026 PUMPKIN RIDGE
PORT SAINT LUCIE, FL 34986 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: CATHERINE A THOMAS 05/24/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: THOMAS, ALICIA
Address: 304 NW BINGHAMPTON LN
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: THOMAS, ALICIA
Address: 9026 PUMPKIN RIDGE
City-St-Zip: PORT SAINT LUCIE, FL 34986 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: ALICIA M THOMAS MGRM 05/24/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date