

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000073864

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** SKYLIGHT ENTERPRISES PHOTOGRAPHY L.L.C.

**Current Principal Place of Business:**

190 112TH AVE N  
#605  
SAINT PETERSBURG, FL 33716

**New Principal Place of Business:**

8320 RIVERSIDE DRIVE NORTH  
SAINT PETERSBURG, FL 33702

**Current Mailing Address:**

190 112TH AVE N  
#605  
SAINT PETERSBURG, FL 33716

**New Mailing Address:**

8320 RIVERSIDE DRIVE NORTH  
SAINT PETERSBURG, FL 33702

**FEI Number:** 27-3071234

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

EDWARDS, RUSSELL A  
190 112TH AVE N  
605  
SAINT PETERSBURG, FL 33716 US

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

EDWARDS, RUSSELL A  
8320 RIVERSIDE DRIVE NORTH  
SAINT PETERSBURG, FL 33702 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:** RUSSELL EDWARDS

04/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** GATES, KIRSTINE M  
**Address:** 8320 RIVERSIDE DRIVE NORTH  
**City-St-Zip:** SAINT PETERSBURG, FL 33702

I hereby 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:** KIRSTINE GATES

MGR

04/30/2011

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