


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS SEP 20 AM 11:32	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company PORTRAITS FOR YOU, L.C. STE. 1, 4800 N. A1A VERO BEACH FL 32963		DOCUMENT # L97000000752 44-AR CM		1a. Principal Place of Business Address STE. 1, 4800 N. A1A VERO BEACH FL 32963	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 07/08/1997	
				3a. State of Formation FL	
				4. FEI Number 65-0772895	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 05/07/1998	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent CONROY, WILLIAM J STE. 1, 4800 N. A1A VERO BEACH FL 32963			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
<p>9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.</p>					
SIGNATURE _____				DATE _____	
<small>(If a Shared Agent Accepting Appointment, (FOUR) (4) Registered Agents must sign with their names.)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGME	CONROY, WILLIAM J	4800 NORTH A1A, UNIT 304		VERO BEACH FL 32963	
MGME	CONROY, JOAN L	4800 NORTH A1A, UNIT 304		VERO BEACH FL 32963	
MGME	CONROY, BRIAN I	4800 NORTH A1A, UNIT 304		VERO BEACH FL 32963	
MGME	CARUSONE, REGINA	92-OLD WASHINGTON ROAD 101 W 55th St.		RIDGEFIELD-CT. NY, N.Y 10019	
100002852831-16 -04/30/99--01004--010 ****188.75 ****188.75					
<p>11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.</p>					
SIGNATURE: <i>William J. Conroy</i> William J. Conroy 3/17/99 561-234-5951					