


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # L97000000752		
1. Entity Name PORTRAITS FOR YOU, L.C.		
Principal Place of Business 31 CACHE CAY DRIVE VERO BEACH, FL 32963	Mailing Address 31 CACHE CAY DRIVE VERO BEACH, FL 32963	
DO NOT WRITE IN THIS SPACE		02142007 No Chg-LLC CR2E083 (11/05)
		4. FEI Number 65-0772895
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent CONROY, WILLIAM J 31 CACHE COY DRIVE VERO BEACH, FL 32963		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONROY, WILLIAM J 31 CACHE CAY DRIVE VERO BEACH, FL 32963	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONROY, JOAN L 31 CACHE CAY DRIVE VERO BEACH, FL 32963	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGME CONROY, BRIAN I 550 BEACH RD., APT. #320 VERO BEACH, FL 32913	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.		
SIGNATURE: <i>X William J Conroy</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE		William J Conroy Man Member Date Daytime Phone #