2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

TITLE NAME STREET ADDRESS City-St-ZIP

FILED May 26, 2005 08:00 AM Secretary of State **DOCUMENT # M04000000978** 1. Entity Name SILVER SALTS PHOTOGRAPHY, LLC Principal Place of Business Mailing Address 3210 GREEN DOLPHIN LANE 3210 GREEN DOLPHIN LANE NAPLES, FL 34102 NAPLES, FL 34102 04182005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0799097 Not Applicable \$5.00 Additional \Box 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. DO NOT WRITE 9200 SOUTH DADELAND BLVD., STE. 508 MIAMI, FL 33156 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9, MGR TITLE GERRY, JESSICA NAME U00000368348 3210 GREEN DOLPHIN LANE STREET ADDRESS 05/26/05-80005-001 50.00 NAPLES, FL 34102 CITY-ST-ZIP TITLE NAME STREET ADDRESS C!TY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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 exemption stated in Section 119.07(3)(i). 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.

WW SIGNATURE: SIGNATURE AND TYPED OR PORTED NAME OF SIGNING MANAGING MEMBER, OF AUTHORIZED RE ESENTATIVE Daytime Phone #