## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006408

Entity Name: ELEVATED PHOTOS USA LLC

FILED Jul 07, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4495 49TH STREET NORTH, SUITE 9 4495 49TH STREET NORTH ST. PETERSBURG, FL 33709

SUITE 9

ST. PETERSBURG, FL 33709

**Current Mailing Address: New Mailing Address:** 

4495 49TH STREET NORTH, SUITE 9 4495 49TH STREET NORTH ST. PETERSBURG, FL 33709 SUITE 9

ST. PETERSBURG, FL 33709

FEI Number: 20-3207519 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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: Name and Address of New Registered Agent:

BUTLER, YVONNE J 4495 49TH STREET NORTH, SUITE 9 ST PETERSBURG, FL 33709

BUTLER, YVONNE J 4495 49TH STREET NORTH SUITE 9 ST PETERSBURG, FL 33709 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: 07/07/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

() Delete Title: () Change () Addition

BUTLER, YVONNE J Name: Name: Address: 4495 49TH STREET NORTH, SUITE 9 Address: City-St-Zip: ST PETERSBURG, FL 33709 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: YVONNE J. BUTLER 07/07/2006