

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000027924

1. Entity Name  
 MONRANA LIGHT LLC



Principal Place of Business  
 6422 WESTWARD PLACE  
 UNIVERSITY PARK, FL 34201

Mailing Address  
 6422 WESTWARD PLACE  
 UNIVERSITY PARK, FL 34201



04262005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-4259169 Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TIRNAUER, MONROE  
 6422 WESTWARD PLACE  
 UNIVERSITY PARK, FL 34201

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TIRNAUER, MONROE H
STREET ADDRESS	6422 WESTWARD PLACE
CITY-ST-ZIP	UNIVERSITY PARK, FL 34201
TITLE	MGRM
NAME	BARNETT-TIRNAUER, ANNA
STREET ADDRESS	6422 WESTWARD PLACE
CITY-ST-ZIP	UNIVERSITY PARK, FL 34201
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000349952  
 05/02/05-80084-023 50.00

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE: *Monroe H Tirnauer* MONROE H TIRNAUER 4/22/05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #