



**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L06000022682</b>	
1. Entity Name LAKE PELICAN LIGHTING AND SUPPLY, LLC	

Principal Place of Business 4411 BEE RIDGE ROAD, SUITE 452 SARASOTA, FL 34233	Mailing Address 4411 BEE RIDGE ROAD, SUITE 452 SARASOTA, FL 34233
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**DO NOT WRITE IN THIS SPACE**



04082008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 54-2195835	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLOUGH, DAVID E JR  
 4012 WINTHROP STREET  
 SARASOTA, FL 34232

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOUGH, DAVID E JR. 4012 WINTHROP STREET SARASOTA, FL 34232
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 04/23/08-80077-017 143.75

**DO NOT WRITE IN THIS SPACE**

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:** David E. Blough      **DAVID E. BLOUGH**      4/9/08      941-371-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #