FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
95 JUN -1 AM 10:50

DOCUMENT # **F94000001785 (4)**

1. Corporate Name
LIMELIGHT MANAGERS LIMITED COMPANY

Principal Place of Business
1550 SE 17TH ST.
FT LAUDERDALE FL 33316

Mailing Address
1550 SE 17TH ST.
FT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/07/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. The corporation is liable for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

POSTLER, CHARLES A ESQ
110 MADISON ST., #200
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and will comply with the obligations of Section 607.0505, Florida Statutes.

Signature(s)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 17	
Title	**DC**	Title	☐ Change ☐ Addition
Name	**HOLLINGSWORTH, DAVID A**	Name	
Street Address	**P.O. BOX 79 - NA**	Street Address	
City-State-Zip	**LA PLAIDERIER, ST. PETER PT GYI -3DQ**	City-State-Zip	
Title	**D**	Title	☐ Change ☐ Addition
Name	**REMICK, SUE A**	Name	
Street Address	**P.O. BOX 79 - NA**	Street Address	
City-State-Zip	**LA PLAIDERIER, ST. PETER PT GYI -3DQ**	City-State-Zip	
Title	**D**	Title	☐ Change ☐ Addition
Name	**PROVOST, K**	Name	
Street Address	**P.O. BOX 79 - NA**	Street Address	
City-State-Zip	**LA PLAIDERIER, ST. PETER PT GYI -3DQ**	City-State-Zip	
Title	**S**	Title	☐ Change ☐ Addition
Name	**SAUNDERS, SALLY A**	Name	
Street Address	**P.O. BOX 79 - NA**	Street Address	
City-State-Zip	**LA PLAIDERIER, ST. PETER PT GYI -3DQ**	City-State-Zip	
Title	**AS**	Title	☐ Change ☐ Addition
Name	**CADWALADER, CRAIG**	Name	
Street Address	**1550 SE 17TH ST.**	Street Address	
City-State-Zip	**FT LAUDERDALE FL 33316**	City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	

14. I declare I certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. Further I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to an attachment with an address.

SIGNATURE: Craig Cadwalader AS — May 15 1995 — 305 525 7677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

000001 CP