

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002856

1. Entity Name

IMAGE ILLUMINATIONS LLC

FILED

01 JUN 22 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

935 FERN DR

935 FERN DR.

DECRAY Bch, FL 33483

DECRAY Bch, FL 33483

2. Principal Place of Business

1845 S.W. 4th Ave

3. Mailing Address

P.O. Box 1786

Suite, Apt. #, etc.

A-5

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DECRAY Bch, FL

City & State

DECRAY Bch, FL

4. FEI Number

65-0988903

Applied For

Not Applicable

Zip

33444

Country

Zip

33429

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINANCIAL FOUNDATIONS INC
3150 SANDY RIDGE DR.
CLEARWATER, FL 33761

Name

Keith KERN

Street Address (P.O. Box Number is Not Acceptable)

50 S.E. 4th Ave.

City

DECRAY Bch

FL

Zip Code

33483

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.

SIGNATURE

[Signature]

KEITH D. KERN

6/20/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>BLANK</i>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MANAGING MEMBER KEN BRONKIE 935 FERN DR DECRAY Bch, FL 33483</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*****55.00 *****55.00

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:

[Signature]