

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010483

FILED
Feb 06, 2004
Secretary of State

Entity Name: APPLIED LIGHTING CONCEPTS, LLC

Current Principal Place of Business:

1825 UNIVERSITY BLVD WEST
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

1825 UNIVERSITY BLVD WEST
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-3667606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARHAT, DIANA S
1721 BLANDING BLVD., STE 102
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SWIFT, TOM
Address: 1825 UNIVERSITY BLVD WEST
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGRM () Delete
Name: MEADOR, MARK
Address: 1825 UNIVERSITY BLVD WEST
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGRM () Delete
Name: CLEMENTS, DANIEL
Address: 1825 UNIVERSITY BLVD WEST
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK I MEADOR

MGRM

02/06/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date