2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# L00000010483

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
JACKOSNVILLE, 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 MEADOR MGMR 01/10/2005

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