

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/8/2005-90149-033-\$50.00-\$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L01000010463			
1. Entity Name DEBRUYNE LIGHTING, LLC			
Principal Place of Business 3884 PROGRESS AVE SUITE 6 NAPLES, FL 34104		Mailing Address 3884 PROGRESS AVE SUITE 6 NAPLES, FL 34104	
2. Principal Place of Business DeBruyne Lighting, LLC		3. Mailing Address P.O. Box 10837	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples, FL		City & State Naples, FL	
Zip 34104	Country USA	Zip 34101	Country USA
4. FEI Number 59-3727690		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEBRUYNE, PAUL 275 BROAD AVE S NAPLES, FL 34102		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 Paul R DeBruyne, Pro		DATE 8/14/05	
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GALATI, MICHAEL 525 TURPLE HATCH RD NAPLES, FL 34103 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEBRUYNE, BRUCE 2941 CEDAR KEY DR LAKE ORION, MI 48360 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner, President Paul R. DeBruyne 110 Lakeside Ct. Malakoff, TX 75142 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Paul R DeBruyne		DATE 8/14/05 239 262 4571	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	