

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

DOCUMENT # L01000011359

1. Entity Name

LIGHTNING, LLC



**FILED**

**Jan 24, 2008 08:00 AM  
Secretary of State**

Principal Place of Business

2080 W. INDIANTOWN ROAD  
SUITE 100  
JUPITER FL 33458

Mailing Address

P.O. BOX 9006  
JUPITER FL 33468

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-1152455

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DILLON, DENNIS P  
17752 121ST TERRACE NORTH  
JUPITER FL 33478

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

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

(NOTE: Registered Agent's signature is required when changing)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008, Fee Will Be \$538.75  
Make Check Payable to Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10.**

**ADDITIONS/CHANGES**

Change  Addition

TITLE MGR  
NAME DILLON, DENNIS P  
STREET ADDRESS 17752 121ST TERRACE NORTH  
CITY-ST-ZIP JUPITER FL 33478

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME DILLON, DIANE E  
STREET ADDRESS 17752 121ST TERRACE NORTH  
CITY-ST-ZIP JUPITER FL 33478

Delete

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-22-08 561  
746-4336

Florida Picture