

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016222

FILED  
May 03, 2004  
Secretary of State

Entity Name: GREEN LIGHT ENTERPRISES, LLC

## Current Principal Place of Business:

434 BOUCHELLE DRIVE, #104  
NEW SMYRNA BEACH, FL 32169

## New Principal Place of Business:

434 BOUCHELLE DRIVE  
104  
NEW SMYRNA BEACH, FL 32169

## Current Mailing Address:

434 BOUCHELLE DRIVE, #104  
NEW SMYRNA BEACH, FL 32169

## New Mailing Address:

434 BOUCHELLE DRIVE  
104  
NEW SMYRNA BEACH, FL 32169

FEI Number: 59-3756464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOORE, JASON  
745 OAKLAND HILLS CIRCLE #205  
LAKE MARY, FL 32746 US

## Name and Address of New Registered Agent:

MOORE, JASON S  
434 BOUCHELLE DR.  
104  
NEW SMYRNA BEACH, FL 32169 US

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: JASON S MOORE

05/03/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: MOORE, JASON S  
Address: 745 OAKLAND HILLS CIRCLE #205  
City-St-Zip: LAKE MARY, FL 32746

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MOORE, JASON S  
Address: 434 BOUCHELLE DR, #104  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: JASON S MOORE

MGRM

05/03/2004

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