LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 11, 2003 8:00 am Secretary of State

DOCUMENT # L 02 00000526/ 1. Entity Name Lighting & Traffic Solutions LLC				01-16-2003 90236 048 ****25.00 04-11-2003 90549 018 ****50.00		
	DO NOT WRI	TE IN THIS	SPACE	3005373	3	
Principal Place of Business 8054 Washington St		3. Mailing Address 8054 Washin				
Suite, Apt. #, etc. #101		Suite, Apt. #, etc.	 	OO NOT WRITE IN THIS	SPACE	
City & State Port Richey,FL		City & State Port Richey, FL		4. FEI Number 04-3602327	Applied For	
Zip Country		Zip	Country		Not Applicable \$5.00 Additional	
34668	USA	34668	USA	7. Name and Address of Current Registered	Fee Required	
			And San July 18 18 18 18 18 18 18 18 18 18 18 18 18	e Mercier		
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)		
	IN THIS	SPACE	8054 Washi	ngton St. #111		
				City Dat Bishov El Zip Code		
8. The above	named entity submits this states	ent for the purpose of chang		ed agent, or both, in the State of Florida. I am fo	34668 amiliar with, and accept	
the obligat	lions of registered agent.				7-03	
SIGNATURE .	Signature, typed or printed happe of each starte	d agent and title if applicable.		DATE	705	
		Make Check P	FEE IS \$50:00 ayable to Florida Departmen DUE BY MAY 1	nt of State		
9.	MANAGING M	EMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager/Member Maurice Mercier 8054 Washington St, #		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS ' CITY-ST-ZIP	, · · · · · · · · · · · · · · · · · · ·	way Saw	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO-NOT-WRI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPAC		
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	ertify that the information supplies	d with this filing does not aug		ction 119 07(3)(i). Florida Statutes, Liturther cert	if 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TO NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE