

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023632

FILED
Feb 16, 2011
Secretary of State

Entity Name: SPOTLIGHT PROPERTIES, LLC

Current Principal Place of Business:

9165 PHILLIPS GROVE TERRACE
C/O P. ANTHONY
ORLANDO, FL 32836

New Principal Place of Business:

Current Mailing Address:

9165 PHILLIPS GROVE TERRACE
C/O P. ANTHONY
ORLANDO, FL 32836

New Mailing Address:

FEI Number: 22-3870525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTHONY, PETER
9165 PHILLIPS GROVE TERRACE
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

ANTHONY, PETER
9165 PHILLIPS GROVE TERRACE
C/O P. ANTHONY
ORLANDO, FL 32836 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: PETER ANTHONY

02/16/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ANTHONY, PETER
Address: 9165 PHILLIPS GROVE TERRACE
City-St-Zip: ORLANDO, FL 32836

Title: MGR
Name: ANTHONY, MARGARET
Address: 9165 PHILLIPS GROVE TERRACE
City-St-Zip: ORLANDO, FL 32836

Title: MGR
Name: ANTHONY, PETER
Address: 9165 PHILLIPS GROVE TERRACE
City-St-Zip: ORLANDO, FL 32836

Title: MGR
Name: ANTHONY, PETER
Address: 9165 PHILLIPS GROVE TERRACE
City-St-Zip: ORLANDO, FL 32836

Title: MGR
Name: ANTHONY, PETER
Address: 9165 PHILLIPS GROVE TERRACE
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Title: MGR
Name: ANTHONY, PETER
Address: 9165 PHILLIPS GROVE TERRACE
City-St-Zip: ORLANDO, FL 32836

I hereby 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: PETER ANTHONY

MGR

02/16/2011

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