

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031049

FILED
Mar 16, 2007
Secretary of State

Entity Name: SON LIGHT MANAGEMENT COMPANY, LLC

Current Principal Place of Business:

5745 S.W. 43RD ST RD.
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

5745 S.W. 43RD ST RD
OCALA, FL 34474

New Mailing Address:

FEI Number: 34-1963992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWROSKI, MARY
5745 S.W. 43RD ST RD
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ONORATO, RICHARD
Address: 5745 S.W. 43RD ST RD
City-St-Zip: Ocala, FL 34474

Title: MGRM () Delete
Name: LAWROSKI, GREG
Address: 5745 S.W. 43RD ST RD
City-St-Zip: Ocala, FL 34474

Title: MGRM (X) Delete
Name: LAWROSKI, MARY
Address: 5745 S.W. 43RD ST RD
City-St-Zip: Ocala, FL 34474

Title: MGRM (X) Delete
Name: ONORATO, KATHY
Address: 5745 S.W. 43RD ST RD
City-St-Zip: Ocala, FL 34474

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LAWROSKI, GREG E
Address: 5745 S.W. 43RD ST RD
City-St-Zip: Ocala, FL 34474

Title: MGRM (X) Change () Addition
Name: LAWROSKI, MARY K
Address: 5745 S.W. 43RD ST RD
City-St-Zip: Ocala, FL 34474

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MARY K LAWROSKI

MGR

03/16/2007

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