

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90028 004 ****50.00

DOCUMENT # L03000000806

1. Entity Name
LIGHTSHIP, LLC



Principal Place of Business
**301 E. PINE STREET, SUITE 350
ORLANDO, FL 32801**

Mailing Address
**301 E. PINE STREET, SUITE 350
ORLANDO, FL 32801**

20038297



03212005 Chg-LLC CR2E083 (10/03)

4. FEI Number
APPLIED FOR 20-0734848

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOWMAN, WILLIAM R JR ESQ
1000 LEGION PLACE, SUITE 1700
ORLANDO, FL 32801**

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 signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HUGHES, PAUL R
301 E. PINE STREET, SUITE 350
ORLANDO, FL 32801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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

Date

Daytime Phone #

4605

321277477