


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000003969 1. Entity Name PROLINE LIGHTING, LLC	
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Principal Place of Business 2142 COBBLEFIELD CIRCLE APOPKA, FL 32703 US	Mailing Address P.O BOX 580 CLARCONA, FL 32710-0580 US
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07252005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 81-0595497	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KURCHARSKI, ROBERT 2142 COBBLEFIELD CIRCLE APOPKA, FL 32703
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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KUCHARSKI, ROBERT PRES 2142 COBBLEFIELD CIRCLE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUDSON, MARK P PRINCIP 733 N. SUMMERLIN ORLANDO, FL 32803
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	7/25/05	866-690-2852
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>