

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90080 035 \*\*\*\*55.00

**DOCUMENT # L03000011940**

1. Entity Name

**OPTICAL HARVESTER COMPANY, LLC**



Principal Place of Business

**169 WHITE CLIFF BLVD.  
AUBURNDALE FL 33823**

Mailing Address

**169 WHITE CLIFF BLVD.  
AUBURNDALE FL 33823**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 2832**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Winter Haven, Florida**

Zip

Country

Zip

Country

**33883**

**USA**

4. FEI Number

**02-0704772**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PORTER, ANDREW  
169 WHITE CLIFF BLVD.  
AUBURNDALE FL 33823**

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **Managing Member** ☐ Delete  
NAME **Andrew James Porter**  
STREET ADDRESS **169 White Cliff Boulevard**  
CITY-ST-ZIP **Auburndale Florida 33823**

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

TITLE **Managing Member** ☐ Delete  
NAME **Mark Peter Nordby**  
STREET ADDRESS **804 Lake Jessie Drive**  
CITY-ST-ZIP **Winter Haven Florida 33880**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

**24 April 2004**

Date

**863-868-0160**

Daytime Phone #