

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013636

FILED  
May 05, 2004  
Secretary of State

Entity Name: LIGHT BULB, LLC

**Current Principal Place of Business:**

1835 US 1 SOUTH 119, PMB 355  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

1835 US 1 SOUTH 119, PMB 355  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

4309 PABLO OAKS COURT, SUITE FIVE  
JACKSONVILLE, FL 32224

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAXWELL, DOUGLAS R  
C/O HENDERSON KEASLER LAW FIRM, P.A.  
4309 PABLO OAKS COURT, SUITE FIVE  
JACKSONVILLE, FL 32224 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: KALLER, JEFF  
Address: 1835 US 1 SOUTH 119, PMB 355  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGR ( ) Delete  
Name: KALLER, SOFIA  
Address: 1835 US 1 SOUTH 119, PMB 355  
City-St-Zip: ST. AUGUSTINE, FL 32084

**ADDITIONS/CHANGES:**

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 Section 119.07(3)(i), 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: SOFIA KALLER

MGR

05/05/2004

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