

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014084

Entity Name: ILLUMIVATIONS, LLC

FILED
Sep 05, 2006
Secretary of State

Current Principal Place of Business:

5515 90TH AVENUE CIRCLE EAST
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 376
ELLENTON, FL 34222

New Mailing Address:

FEI Number: 02-0687620 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPIRE, DAVID L
5515 90TH AVENUE CIRCLE EAST
PARRISH, FL 34219 US

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: MGR () Delete
Name: SPIRE, DEBRA K MGR
Address: 4201 32ND LANE EAST
City-St-Zip: BRADENTON, FL 34208

Title: MGRM () Delete
Name: SPIRE, DAVID MGR
Address: 5515 90TH AVENUE CIRCLE EAST
City-St-Zip: PARRISH, FL 34219

Title: MGR () Delete
Name: KEVON, SPIRE L MGR
Address: 4201 32ND LANE EAST
City-St-Zip: BRADENTON, FL 34208

Title: MGR () Delete
Name: SPIRE, MELANIE L
Address: 5515 90TH AVENUE CIRCLE EAST
City-St-Zip: PARRISH, FL 34219

ADDITIONS/CHANGES:

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

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

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: DAVID L. SPIRE

MGR

09/05/2006

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