

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90433 042 \*\*\*\*50.00

**DOCUMENT # L03000023378**

1. Entity Name  
LIGHTWAVE DRIVE MANAGEMENT, L.L.C.



40040000

Principal Place of Business

1925 SEMINOLE BLVD.  
LARGO, FL 33778

Mailing Address

1925 SEMINOLE BLVD.  
LARGO, FL 33778

**DO NOT WRITE IN THIS SPACE**

03212005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
20-0096944

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PRITCHETT, LAVERNE  
1925 S BLVD LARGO  
LARGO, FL 33778

**DO NOT WRITE  
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

*LaVerne Pritchett*  
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**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
HARRINGTON, ANDREW  
1550 ROOSEVELT RD.  
CLEARWATER, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
RAT ESTES  
1537 Hillcrest Ave.

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
WINTER PARK, FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*LaVerne Pritchett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #