


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 NOV 29 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000027924					
1. Entity Name MONRANA LIGHT LLC					
Principal Place of Business 6422 WESTWARD PLACE UNIVERSITY PARK, FL 34201			Mailing Address 6422 WESTWARD PLACE UNIVERSITY PARK, FL 34201		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 13-4259169	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TIRNAUER, MONROE 6422 WESTWARD PLACE UNIVERSITY PARK, FL 34201				7. Name and Address of New Registered Agent 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: <i>Anna Barnett-Tirnauer</i> <i>Monroe H. Tirnauer</i> DATE: 11-23-04 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER <input checked="" type="checkbox"/> Delete MONROE H. TIRNAUER 6422 WESTWARD PL. UNIVERSITY PARK, FL 34201		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MONROE H. TIRNAUER + ANNA BARNETT-TIRNAUER JT WROS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER <input checked="" type="checkbox"/> Delete ANNA BARNETT-TIRNAUER 6422 WESTWARD PL. UNIVERSITY PARK, FL 34201		TITLE NAME STREET ADDRESS CITY - ST - ZIP	800043047988 11/29/04--01070--012 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Anna Barnett-Tirnauer</i> <i>Monroe H. Tirnauer</i> DATE: 11-23-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #					