

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031133

FILED  
May 02, 2005  
Secretary of State

Entity Name: COLLABORATIVE LIGHTTECHNIQUE, LLC

**Current Principal Place of Business:**

7142 DAVIT CIRCLE  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

7142 DAVIT CIRCLE  
LAKE WORTH, FL 33467

**New Mailing Address:**

FEI Number: 81-0627433      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

TRICOMI, JOSEPH C  
12274 WEDGE WAY  
BOYNTON BEACH, FL 33437      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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: KOK-TRICOMI, SASKIA M  
Address: 7142 DAVIT CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM ( ) Delete  
Name: TRICOMI, JOSEPH G  
Address: 7142 DAVIT CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

**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: SASKIA KOK-TRICOMI

PRES

05/02/2005

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