2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000034699

1. Entity Name

SIGNATURE:

ORTHERN LIGHTS LLC



FILED Feb 02, 2004 08:00 AM Secretary of State

							7				
Principal Place of Business Mailing Address											
MIAMI FL 33172				2315 NW 107TH AVENUE BOX 110 , SUITE A25 MIAMI FL 33172 US			[]	va ii a ii a ii av ist ::::			
2. Principal Place of Business				3. Mailing Address			-				
Suite, Apt. #, etc.				Suite, Apt #, etc.				MOORE	CR2E08	3 (11/03)	
City & State				City & State			4. FEI Nurr	nber	•	\$\$i	plied For of Applicable
Zip	Zip Country			Zip Count		ntry	5. Certifica	ite of Status Desired		\$5.00 Add	ditional
	and Address of Curre	istered Agent	2		7. Name a	nd Address of New			·		
						Name					
GROSSET, RODOLPHE 1024 PALERMO AVENUE CORAL GABLE FL 33134						Street Address (P.O. Box Number is Not Acceptable)					
COF	TAL GADI	LE FL 33134									
						City			FL	Zip Code	е
8. The above the obligat	named entity tions of regist	y submits this statemen ered agent.	t for the	e purpose of changing its	register	ed office or regi	stered agent, or t	both, in the State of I	londa. I am I	amiliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered ag	ent and ti	ille il applicable (NOT	E Registere	od Agent signature req	tured when reinstating)		DATE		
				Make Check Payab	le to Fl	FEE IS \$50.0 orida Departi ay 1, 2004					
9.		MANAGING MEN	BERS	/MANAGERS	10.	. 		ADDITION	S/CHANGES		
TITLE	MGR			☐ Delete	TITL.	E			·	☐ Change	☐ Addition
NAME	GOUAIX				NAM	· i		<u> 10000000</u>	94588		-
STREET ADDRESS C/1Y-ST-Z/P	147 RUE CARDINET PARIS FR 75017			a		EET ADDRESS (-ST-ZIP		02/02/04-80		50.00	
BILE	MGR			☐ Delete	BIL	£				☐ Change	Addition
NAME	,	RODOLPHE			NAM	~ 1					
STREET ADDRESS CITY-ST-ZIP	1024 PALERMO AVENUE CORAL GABLES FL 33134			i		EET ADORESS '- ST- ZIP					
SITLE	CONAL GA	IDLES FE 35134		☐ Defete	BIL			i 		☐ Change	- Addition
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TITLE				☐ Delete	BIL	{				☐ Change	Addition
NAME STREET ADDRESS					NAM STRE	EET ADDRESS					
114-51-21P						-ST-ZIP					
11. Thereby	certify that the	s information supplied y	this this	s filing does not qualify fo t my signature shall have	the exe	mption stated in	Section 119.07(3)(i), Florida Statutes	s. I further cer	ily that the ir	nformation
indicated limited lia	on this reportional thickness that the comparts of the compart	it is true and accurate a ny or the receiver of trus	ind that stee en	t my signature shall have apowered to execute this	the same report as	e legal effect as s required by Cl	if made under oa hapter 608, Florid	ath, that I am a man Ia Statutes.	aging membe	r or manage	or of the