## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000007534

Entity Name: LIGHTSNBEYOND, LLC

FILED Jan 25, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

577 W. IRLO MEM. BRONSON HGWY. 5770 W. IRLO MEM. BRONSON HGWY. KISSIMMEE, FL 34747

223

KISSIMMEE, FL 34747

**Current Mailing Address: New Mailing Address:** 

4221 SILVER PINE ST KISSIMMEE, FL 34746

FEI Number: 11-3739654 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONNIS, MICHAEL 4221 SILVER PINE ST KISSIMMEE, FL 34746 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: ADDITIONS/CHANGES:

Title: () Change () Addition () Delete

CONNIS, MICHAEL Name: Name: Address: 4221 SILVER PINE ST Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: GOSZLETH, LOUIS Name: Address: 2715 HAM BROWN RD Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

ORSER, DANIEL Name: Name: 2715 HAM BROWN RD Address: Address: City-St-Zip: KISSIMMEE, FL 34741 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: MIKE CONNIS 01/25/2005