2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000012460

1. Entity Name
LIGHT'S RIGHT PROPERTIES, LLC

Principal Place of Business	Mailing Address
P.O. BOX 21622 FT LAUDERDALE, FL 33335-1622	P.O. BOX 21622 FT LAUDERDALE, FL 33335-1622

DO NOT WRITE IN THIS SPACE

01102006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0732197

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLLETTE, KENNETH F
1110 SW 14TH TERR
FT LAUDERDALE, FL 33312

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

000004012460
03/22/06 80064-017 50.00

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	COLLETTE, KENNETH F
STREET ADDRESS	1110 SOUTHWEST 14 TERRACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	MGRM
NAME	HOPKINS, NEIL F
STREET ADDRESS	77 SOUTH WATER STREET
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ March 1406 954-463-0572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #