

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000012460

1. Entity Name
LIGHT'S RIGHT PROPERTIES, LLC



FILED
Feb 15, 2007 08:00 AM
Secretary of State

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

Mailing Address
P.O. BOX 21622
FT LAUDERDALE, FL 33335-1622



01062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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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IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000637242
02/26/07-80053-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COLLETTE, KENNETH F
1110 SOUTHWEST 14 TERRACE
FORT LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HOPKINS, NEIL F
77 SOUTH WATER STREET
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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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

2/12/07
Daytime Phone #