


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000028272 1. Entity Name WHITE LIGHT COMMUNICATIONS LLC	
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Principal Place of Business 4045 SHERIDAN AVENUE, SUITE 339 MIAMI, FL 33140	Mailing Address 4045 SHERIDAN AVENUE, SUITE 339 MIAMI, FL 33140
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DO NOT WRITE IN THIS SPACE



01292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 71-0965307	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CULBRETH, ALFRED
4045 SHERIDAN AVENUE, SUITE 339
MIAMI, FL 33140**

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CULBRETH, ALFRED 4045 SHERIDAN AVENUE, SUITE 339 MIAMI, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLEGOS, CARMEN 4045 SHERIDAN AVENUE, SUITE 339 MIAMI, FL 33140
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U000000815421
02/14/09-80008-018 138.75

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:

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

1-29-08

Date

(305) 799-7752

Daytime Phone #