


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000043413</b>	
1. Entity Name SONLIGHT PHOTOGRAPHY, LLC	
	
Principal Place of Business 197 N. ECONLOCKHATCHEE TRAIL ORLANDO, FL 32825	Mailing Address 197 N. ECONLOCKHATCHEE TRAIL ORLANDO, FL 32825



03242007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1274442	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
NICHOLS, DALE R 197 N. ECONLOCKHATCHEE TRAIL ORLANDO, FL 32825	<b>DO NOT WRITE IN THIS SPACE</b>

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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NICHOLS, DALE R 197 N. ECONLOCKHATCHEE TRAIL ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM YOUNG, COREY R 197 N. ECONLOCKHATCHEE TRAIL ORLANDO, FL 32825
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04/24/07-80015-011 50.00

**DO NOT WRITE  
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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:**  **4-10-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #