



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 20 AM 10:28

DOCUMENT # L04000047833 1. Entity Name RAY OF LIGHT, L.L.C.					
Principal Place of Business 739 HUNT CLUB TRAIL PORT ORANGE, FL 32127			Mailing Address 739 HUNT CLUB TRAIL PORT ORANGE, FL 32127		
2. Principal Place of Business <i>Ray of Light</i>		3. Mailing Address <i>739 Hunt Club Trail</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Port Orange FL</i>		City & State			
Zip <i>32127</i>	Country <i>USA</i>	Zip <i>32127</i>	Country <i>USA</i>	09022005 Chg-LLC CR2E083 (10/03)	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent	
DISBROW, BRYAN J 739 HUNT CLUB TRAIL PORT ORANGE, FL 32127				7. Name and Address of New Registered Agent	
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.				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DISBROW, KATHRYN A 739 HUNT CLUB TRAIL PORT ORANGE, FL 32127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DISBROW, KATHRYN A 739 HUNT CLUB TRAIL PORT ORANGE, FL 32127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DISBROW, KATHRYN A 739 HUNT CLUB TRAIL PORT ORANGE, FL 32127	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DISBROW, KATHRYN A 739 HUNT CLUB TRAIL PORT ORANGE, FL 32127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DISBROW, KATHRYN A 739 HUNT CLUB TRAIL PORT ORANGE, FL 32127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DISBROW, KATHRYN A 739 HUNT CLUB TRAIL PORT ORANGE, FL 32127	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Kathryn A. Disbrow</i> KATHRYN A. Disbrow 9-15-05 386-767-8810					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					