2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000053903

1. Entity Name
HILIGHT ELECTRONIC DISPLAYS LLC

Principal Place of Business	Mailing Address
10030 AUTUMN LANE PENSACOLA, FL 32514 US	10030 AUTUMN LANE PENSACOLA, FL 32514 US

D4272006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1713832
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATTERSON, DON
10030 AUTUMN LANE
PENSACOLA, FL 32514

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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)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PATTERSON, AARON
STREET ADDRESS	10030 AUTUMN LANE
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	MGR
NAME	PATTERSON, KYLE
STREET ADDRESS	10030 AUTUMN LANE
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	MGR
NAME	PATTERSON, DON
STREET ADDRESS	10030 AUTUMN LANE
CITY-ST-ZIP	PENSACOLA, FL 32514
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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05/12/06-80017-016 50.00

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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 605, Florida Statutes.

SIGNATURE: William A Patterson 4-28-06

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #