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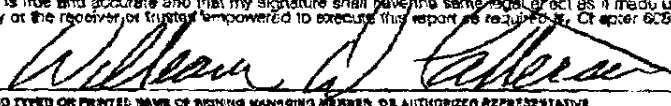
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**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000053903		
1. Entity Name HILIGHT ELECTRONIC DISPLAYS LLC		
Principal Place of Business 10030 AUTUMN LANE PENSACOLA, FL 32514 US		Mailing Address 10030 AUTUMN LANE PENSACOLA, FL 32514 US
DO NOT WRITE IN THIS SPACE		
		 D4272006No Chg-LLC CRZE083 (11/05)
		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		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: Word or printed name of authorized agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATTERSON, AARON 10030 AUTUMN LANE PENSACOLA, FL 32514	DO NOT WRITE IN THIS SPACE U000000547271 05/12/06-80017-016 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATTERSON, KYLE 10030 AUTUMN LANE PENSACOLA, FL 32514	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATTERSON, DON 10030 AUTUMN LANE PENSACOLA, FL 32514	
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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:  428-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		