

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054962

Entity Name: EQUILUMINA, LLC

FILED
Apr 04, 2006
Secretary of State

Current Principal Place of Business:

1170 ROBIN AVENUE
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

16018 SW 15 AVENUE
NEWBERRY, FL 32669

Current Mailing Address:

1170 ROBIN AVENUE
MIAMI SPRINGS, FL 33166

New Mailing Address:

16018 SW 15 AVENUE
NEWBERRY, FL 32669

FEI Number: 20-1407469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DODDS, SALLY E
1170 ROBIN AVENUE
MIAMI SPRINGS, FL 33166 US

Name and Address of New Registered Agent:

DODDS, SALLY E
16018 SW 15 AVENUE
NEWBERRY, FL 32669 US

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.

SIGNATURE:

04/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DODDS, SALLY E
Address: 1170 ROBIN AVENUE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: MGR () Delete
Name: ARMBRECHT, BARBARA P
Address: 47105 WATSON ROAD
City-St-Zip: ST. CLAIRSVILLE, OH 43950

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DODDS, SALLY E
Address: 16018 SW 15 AVENUE
City-St-Zip: NEWBERRY, FL 32669

Title: MGR (X) Change () Addition
Name: ARMBRECHT, BARBARA P
Address: 16018 SW 15 AVENUE
City-St-Zip: NEWBERRY, FL 32669

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SALLY E DODDS

MGR

04/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date