

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90096 044 ****50.00

DOCUMENT # L04000061990 1. Entity Name LIGHT CONSULTANTS, LLC			
Principal Place of Business 436 SAVOIE DR. PALM BEACH GARDENS, FL 33410		Mailing Address 436 SAVOIE DR. PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business 13700 U.S. HIGHWAY ONE Suite, Apt. #, etc. 202C		3. Mailing Address 13700 U.S. HIGHWAY ONE Suite, Apt. #, etc. 202C	
City & State JUNO BEACH FL Zip 33408		City & State JUNO BEACH FL Zip 33408	
4. FEI Number 20-1500628		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BDB AGENT CO. 2500 N. MILITARY TRAIL SUITE 480 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signatures, 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, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP MGRM LIGHT, NATHAN R 436 SAVOIE DR. PALM BEACH GARDENS, FL 33410	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP MGRM LIGHT, PATRICIA 436 SAVOIE DR. PALM BEACH GARDENS, FL 33410	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition
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>Patricia A. Light</i> Patricio A. Light		561 4/29/05 624-4155	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	