2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 25, 2005 8:00 am
Secretary of State
04-12-2005 90014 033 ****50.00

DOCUMENT # L04000082539

1. Entity Name
LUMINOUS WOODS, LLC

Principal Place of Business	Mailing Address
P.O. BOX 230 JACKSONVILLE VT 05342	P.O. BOX 230 JACKSONVILLE VT 05342

2. Principal Place of Business		3. Mailing Address	
718 ELEANOR AVE		718 ELEANOR AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: NEW SMYRNA BEACH		City & State: NEW SMYRNA BEACH	
Zip: 32168	Country: FL	Zip: 32168	Country: FL

1st MOORE CR2E083 (10/04)
11-3735-0157

4. FEI Number: 11-3735-0157 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STACY A. ECKERT, P.A. 2445 S. VOLUSIA AVE., C-3 ORANGE CITY FL 32763	Name: TIM DALTON Street Address (P.O. Box Number is Not Acceptable): 718 ELEANOR AVE City: NEW SMYRNA BEACH FL Zip Code: 32168

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] DATE: 4/6/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER TIM DALTON 718 ELEANOR AVE 32168 NEW SMYRNA BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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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: [signature] TIMOTHY L. DALTON 4/6/05 386-478-6879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #