


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90050 012 *****50.00

DOCUMENT # L04000091047 1. Entity Name LIGHT BULB DEPOT 29 LLC					
Principal Place of Business 6440-C E. COLONIAL ORLANDO, FL 32807 US			Mailing Address 6440-C E. COLONIAL P.O. BOX 2363 ORLANDO, FL 32807 US SARASOTA, FL 34230		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				4. FEI Number	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331				20-2016813	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent				Applied For	
Name				Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, RICK		NAME		
STREET ADDRESS	P.O. BOX 2363		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34230		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARTMAN, KENNETH		NAME		
STREET ADDRESS	P.O. BOX 2363		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34230		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 608, Florida Statutes.					
SIGNATURE: <i>[Signature]</i>			3/14/06 941-552-2443		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		