

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032753

Entity Name: LIGHTWISE DESIGN LLC

FILED
Apr 05, 2006
Secretary of State

Current Principal Place of Business:

2792 CYPRESS HEAD TRAIL
OVIEDO, FL 32765 US

New Principal Place of Business:

889 S. LAKE JESSUP AVENUE
OVIEDO, FL 32765 US

Current Mailing Address:

2792 CYPRESS HEAD TRAIL
OVIEDO, FL 32765 US

New Mailing Address:

PO BOX 621989
OVIEDO, FL 327621989 US

FEI Number: 30-0307286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTOPHER, DAMAR S
2792 CYPRESS HEAD TRAIL
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHRISTOPHER, KENDRA J
Address: 2792 CYPRESS HEAD TRAIL
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM () Delete
Name: CHRISTOPHER, DAMAR S
Address: 2792 CYPRESS HEAD TRAIL
City-St-Zip: OVIEDO, FL 32765 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: DAHM, CARYN L
Address: 889 S. LAKE JESSUP AVENUE
City-St-Zip: OVIEDO, FL 32765 US

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: DAMAR S. CHRISTOPHER

MGRM

04/05/2006

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