

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083140

Entity Name: 20/20 ILLUMINATIONS, LLC

FILED
Jan 13, 2006
Secretary of State

Current Principal Place of Business:

429 SOUTH TYNDALL PARKWAY, SUITE H
CALLAWAY, FL 32404

New Principal Place of Business:

301 SOUTH COVE LANE
PANAMA CITY, FL 32401

Current Mailing Address:

429 SOUTH TYNDALL PARKWAY, SUITE H
CALLAWAY, FL 32404

New Mailing Address:

301 SOUTH COVE LANE
PANAMA CITY, FL 32401

FEI Number: 33-1123401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, DOUGLAS L ESQ.
221 MCKENZIE AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

STEVENSON, JENNIFER K
301 SOUTH COVE LANE
PANAMA CITY, FL 32401 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: JENNIFER K. STEVENSON

01/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GILLETTE, JAMES
Address: 429 SOUTH TYNDALL PARKWAY, SUITE H
City-St-Zip: CALLAWAY, FL 32404

Title: MGRM () Delete
Name: STEVENSON, JENNIFER
Address: 301 SOUTH COVE LANE
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES:

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

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

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: JENNIFER K. STEVENSON

MRS.

01/13/2006

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