

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED

2. Mar 06, 2006 8:00 am
Secretary of State

02-09-2006 90147 019 ****50.00

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # L05000089981 1. Entity Name ACUITY SYSTEMS, LLC | | | | | |
| Principal Place of Business 907 MARCASTLE AVENUE ORLANDO, FL 32812 | | | Mailing Address 907 MARCASTLE AVENUE ORLANDO, FL 32812 | | |
| 2. Principal Place of Business 907 Marcastle Av | | 3. Mailing Address 907 Marcastle Av | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Orlando, FL | | City & State Orlando, FL | | 4. FEI Number 20-3504745 | |
| Zip 32812 | | Country Ornge | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | | | | 7. Name and Address of New Registered Agent Name Kelly S. Conner Street Address (P.O. Box Number is Not Acceptable) 907 Marcastle Av City Orlando FL Zip Code 32812 | |
| 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 DATE 2/6/2006 | | | | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | MGR CONNER, KELLY S 907 MARCASTLE AVENUE ORLANDO, FL 32812 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Conner, Kelly S. 907 Marcastle Avenue Orlando, FL 32812 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST CONNER, KELLY S 907 MARCASTLE AVENUE ORLANDO, FL 32812 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST Conner, Kelly S. 907 Marcastle Avenue Orlando, FL 32812 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: | | | Date 2/6/2006 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |



ATTACHMENT

30001727

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2006

ACUITY SYSTEMS, LLC
907 MARCASTLE AVENUE
ORLANDO, FL 32812

Subject: ACUITY SYSTEMS, LLC

Reference Number:

L05000089981

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH
ANNUAL REPORTS SECTION