

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


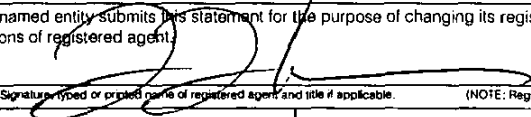
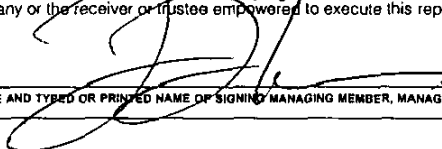
FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90092 034 ***138.75

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08192008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000023894					
1. Entity Name SONLIGHT DEVELOPMENT, LLC					
Principal Place of Business 2303 HILL STREET NEW SMYRNA BEACH, FL 32169		Mailing Address 2303 HILL STREET NEW SMYRNA BEACH, FL 32169			
2. Principal Place of Business - No P.O. Box # 805 E 27 TH AVENUE Suite, Apt. #, etc.		3. Mailing Address 805 E 27 TH AVENUE Suite, Apt. #, etc.			
City & State NEW SMYRNA BEACH, FL		City & State NEW SMYRNA BEACH		4. FEI Number 20-5052493	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
Zip 32169	Country USA	Zip 32169	Country USA		
6. Name and Address of Current Registered Agent KRAKER, LAWRENCE L 2303 HILL STREET NEW SMYRNA BEACH, FL 32169			7. Name and Address of New Registered Agent Name KRAKER, LAWRENCE L Street Address (P.O. Box Number is Not Acceptable) 805 E 27 TH AVENUE City NEW SMYRNA BEACH FL Zip Code 32169		
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 		REGISTERED AGENT		DATE 08-22-2008	
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAKER, LAWRENCE L 2303 HILL STREET NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAKER, LAWRENCE L 805 E 27 TH AVENUE NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WIER, RICHARD 2305 HILL STREET NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WIER, RICHARD 1309 PALMETTO STREET NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WISCHMEIR, STEVEN 2799 NORDAM AVENUE NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WISCHMEIR, STEVEN 353 DESOTO DRIVE NEW SMYRNA BEACH, FL 33317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTHONY GEORGE VALINOTTI 333 EAST ACRE DRIVE PLANTATION, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		MANAGER		DATE 08-22-2008 (386) 409-7049	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	