2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT #1 06000074036



FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90347 039 ****50.00

1. Entity Name	ND LIGHTS INVESTMENT							
Principal Place of Business 318 INDIAN TRACE #447 WESTON, FL 33326		Mailing Address 318 INDIAN TRACE #447 WESTON, FL 33326		40098080				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03132007	Chg-LLC	CR2E083	3 (12/06)	
City & State		City & State		4. FEI Numbe		ച	<u> </u>	plied For t Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired		5.00 Add ee Required	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New R	legistered Ag	jent	
			Name					
LAS HOZ, GARCIELA 2527 BAY POINT COURT WESTON, FL 33327			Street Address	s (P.O. Box Numbe	er is Not Acceptable	e)		
VVESTON,	1 E 33321		İ					
			City			FL	Zip Code	}
	named entity submits this statement folions of registered agent.	or the purpose of changing its re	egistered office or regis	ered agent, or bot	h, in the State of Flo	orida. I am far	miliar with,	and accept
SIGNATURE .	Sizest use kined as priored pages of societared ages	and title if applicable (NOTE:	Renietered Apent signature requi	red when reinstaling)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable. (NOTE:	Registered Agent signature requi	red when reinstating)		DATE		
Fi	Signature, typed or printed name of registered agen lling Fee is \$50.00 ue by May 1, 2007	and title if applicable. (NOTE:	Registered Agent signature requi	red when reinstating)		DATE ke check pay a Departmen		•
Fi	lling Fee is \$50.00 ue by May 1, 2007			red when reinstating)	Florid	ke check pay a Departmer		3
9.	lling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMB	ERS/MANAGERS	10.	red when reinstating)		ke check pay a Departmer /CHANGES	nt of State	Addition
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMB MGRM LA HOZ, GRACIELA A 2527 BAY POINT COURT WESTON, FL 33327	ERS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ed whan reinstating)	Florid	ke check pay a Department CHANGES	nt of State	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.

STREET ADDRESS

CITY-ST-ZIP

O ravalle SIGNATURE: U I WHEN YOU'S SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

NAME

STREET ADDRESS

CITY-ST-ZIP