2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2009
Secretary of State

DOCUMENT# L07000018339

Entity Name: FIVE WINDOWS OF LIGHT, LLC

Current Principal Place of Business:

200 N BAYSHORE BLVD
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1414
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 20-8479264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FARINELLA, MARIA H
200 N BAYSHORE BLVD
#104
CLEARWATER, FL 34695 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:	FARINELLA, MARIA H	
Address:	P.O. BOX 1414	
City-St-Zip:	SAFETY HARBOR, FL 34695	
Title:	MGRM	( ) Delete
Name:	VITACCO, FRANK A	
Address:	0000	
City-St-Zip:	CHICAGO, IL 60616	
Title:	MGRM	( ) Delete
Name:	VITACCO, NICHOLAS J	
Address:	0000	
City-St-Zip:	LOS ANGELES, CA 90039	
Title:	MGRM	( ) Delete
Name:	VITACCO, VINCENT P	
Address:	0000	
City-St-Zip:	SHOREWOOD, IL 60404	
Title:	MGRM	( ) Delete
Name:	FARINELLA, CARMELO S	
Address:	0000	
City-St-Zip:	SAFETY HARBOR, FL 34695	
Title:	MGRM	( ) Delete
Name:	FARINELLA, SALVATORE JR.	
Address:	0000	
City-St-Zip:	SAFETY HARBOR, FL 34695	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: MARIA H FARINELLA MGRM 05/30/2009

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