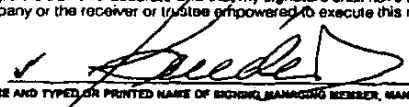


FILED
Apr 18, 2008 8:00 am
Secretary of State

02-21-2008 90069 004 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L07000026159			
1. Entity Name LIGHT CREATIONS LLC			
Principal Place of Business LIGHT CREATIONS LLC 508 MALAGA AVENUE CORAL GABLES, FL 33134		Mailing Address LIGHT CREATIONS LLC 508 MALAGA AVENUE CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box # 2331 SOUTH BAYSHORE DRIVE Suite, Apt. #, etc.		3. Mailing Address 2331 SOUTH BAYSHORE DRIVE Suite, Apt. #, etc.	
City & State COCONUT GROVE Zip 33133-4748 Country US		City & State COCONUT GROVE Zip 33133-4748 Country US	
4. FEI Number 20-8596659		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MENDEZ, LUCIA 508 MALAGA AVENUE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2331 SOUTH BAYSHORE DRIVE City COCONUT GROVE FL Zip Code 33133	
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 _____ (NOTE: Registered Agent signature required when renaming) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MENDEZ, LUCIA 508 MALAGA AVENUE CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. M. MENDEZ, LUCIA 2331 SOUTH BAYSHORE DRIVE COCONUT GROVE, FL 33133 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. M. TORRES, MENDEZ, PEDRO A 2331 SOUTH BAYSHORE DRIVE COCONUT GROVE, FL 33133 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  LUCIA MENDEZ 2/20/08 SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE MGR. M. Date Daytime Phone #			