
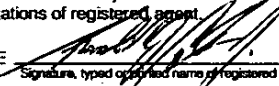
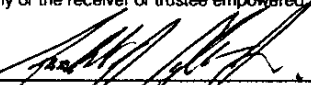


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90086 024 ***138.75

DOCUMENT # L07000069787					
1. Entity Name ELITE SIGNAL & LIGHTING INSPECTIONS, LLC					
Principal Place of Business 5151 NE 1 AVENUE OAKLAND PARK, FL 33334			Mailing Address 5151 NE 1 AVENUE OAKLAND PARK, FL 33334		
2. Principal Place of Business - No P.O. Box # 2300 NE 2 Street		3. Mailing Address 2300 NE 2 Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pompano Beach FL		City & State Pompano Beach FL		4. FEI Number 26-0479317	
Zip 33062		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPOBIANCO, RONALD J JR 5151 NE 1 AVENUE OAKLAND PARK, FL 33334			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 2300 NE 2 Street City <u>Pompano Beach</u> FL Zip Code <u>33062</u>		
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 <u>2/1/08</u>	
(NOTE: Registered Agent signature required when reinstating)					
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	MGRM CAPOBIANCO, RONALD J JR 5151 NE 1 AVENUE OAKLAND PARK, FL 33334	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Capobianco, Ronald J JR 2300 NE 2 Street Pompano Beach FL 33062
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<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: 				DATE <u>2/1/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	