

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90052 021 \*\*\*138.75

**60030530**



|  |  |   |   |  |   |
|--|--|---|---|--|---|
| <b>DOCUMENT # L07000096445</b><br>1. Entity Name<br><b>NEBULA LED LIGHTING FIXTURES LLC</b>  |  |   |   |  |   |
| Principal Place of Business<br><b>242 STATE AVENUE<br/>HOLLY HILL, FL 32117</b>  |  |   | Mailing Address<br><b>242 STATE AVENUE<br/>HOLLY HILL, FL 32117</b> |  |   |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |   |  |   |
| City & State<br><br>Zip      Country   |  | City & State<br><br>Zip      Country          |   | 4. FEI Number<br><b>26-1118874</b>                                 |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required  |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable             |   |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301</b>   |  |   |   |  |   |
| 7. Name and Address of New Registered Agent<br>Name <b>Mark J. Rosenberg</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3801 Lake Padgett Dr.</b><br>City <b>Land O Lakes</b> <b>FL</b> Zip Code <b>34639</b>   |  |   |   |  |   |
| 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.<br>SIGNATURE       DATE <b>4/23/08</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>  |  |   |   |  |   |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |  |   |   | <b>Make check payable to</b><br><b>Florida Department of State</b> |   |
| 9. MANAGING MEMBERS/MANAGERS   |  |   | 10. ADDITIONS/CHANGES   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>M R ENTERPRISES LLC<br>3801 LAKE PADGETT DRIVE<br>LAND O LAKES, FL 34639 | <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>THORB ENTERPRISES, LLC<br>242 STATE AVENUE<br>HOLLY HILL, FL 32117       | <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>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:   |  |   |   | Date <b>4/23/08</b> Daytime Phone # <b>813-966-0001</b>            |   |