


# **LIMITED LIABILITY COMPANY ANNUAL REPORT**

For Office Use Only  
DO NOT WRITE IN THIS SPACE

DOCUMENT # <b>L07000123680</b>	
1. Entity Name <b>LIGHT PARTNERS LLC</b>	

**FILED**  
**08 JUL 30 AM 10:54**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box # <b>2841 N.E 163RD ST.</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc. <b>314</b>		Suite, Apt. #, etc. <b>SAME</b>	
City & State <b>NORTH MIAMI BEACH FL</b>		City & State <b>SAME</b>	
Zip <b>33160</b>	Country	Zip	Country

CR2E083B (12/07)

6. <b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>33-1199959</b>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
	7. Name and Address of Current Registered Agent		
	Name <b>DORON TALMI</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>2841 N.E 163RD ST # 314</b>			
City <b>N.M.B.</b> State <b>FL</b> Zip Code <b>33160</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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

**JULY-20-2008**

January 1 - May 1 Fee is \$138.75  
After May 1, Fee is \$538.75  
Amended AR is \$50.00  
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>DORON TALMI</b> <b>2841 N.E 163RD ST # 314</b> <b>N.M.B. FL. 33160</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>JOSEPH R. OBRIEN</b> <b>1000 E. CAMINO REAL # 1A</b> <b>BOCA RATON FL. 33432</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10.

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IN THIS SPACE**

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: **JULY-20-2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #