

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90073 010 \*\*\*138.75

00013414

<b>DOCUMENT # L07000124109</b> 1. Entity Name _____ <b>AAA DISPLAY GROUP LLC</b>					
Principal Place of Business <b>604-B COLONIA LANE EAST NOKOMIS, FL 34275 US</b>			Mailing Address <b>604-B COLONIA LANE EAST NOKOMIS, FL 34275 US</b>		
2. Principal Place of Business - No P.O. Box # _____ Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____			3. Mailing Address _____ Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____		
02062008 Chg-LLC CR2E083 (12/06)			4. FEI Number <b>32-0225735</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			6. Name and Address of Current Registered Agent <b>LIGHT, HAROLD L JR. 1225 ALTON ROAD PORT CHARLOTTE, FL 33952</b>		
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____			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 reinstating) DATE _____		
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE _____ NAME <b>MGRM</b> STREET ADDRESS <b>LIGHT, HAROLD L JR.</b> CITY-ST-ZIP <b>604-B COLONIA LANE EAST NOKOMIS, FL 34275</b>	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME <b>MGRM</b> STREET ADDRESS <b>CANAPHANY, RALPH</b> CITY-ST-ZIP <b>604-B COLONIA LANE EAST NOKOMIS, FL 34275</b>	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME <b>MGRM</b> STREET ADDRESS <b>MINOR, KAREN</b> CITY-ST-ZIP <b>604-B COLONIA LANE EAST NOKOMIS, FL 34275</b>	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ 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 606, Florida Statutes.					
<b>SIGNATURE:</b> <u>Harold L. Light</u> <b>HAROLD L. LIGHT</b> <u>3-31-08</u> <u>941-244-9222</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					