

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000003155

FILED  
Apr 17, 2012  
Secretary of State

Entity Name: LUMENTUM LLC

## Current Principal Place of Business:

111 ORANGE AVE  
SUITE, 300  
FORT PIERCE, FL 34950 US

## New Principal Place of Business:

## Current Mailing Address:

111 ORANGE AVE  
SUITE, 300  
FORT PIERCE, FL 34950 FL

## New Mailing Address:

FEI Number: 27-1631773

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FINCH, JOHN C  
111 ORANGE AVE  
SUITE, 300  
FORT PIERCE, FL 34950 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR  
Name: FINCH, JOHN C  
Address: 111 ORANGE AVE, SUITE 300  
City-St-Zip: FORT PIERCE, FL 34950 US

Title: MGR  
Name: HENRIQUEZ, DIEGO  
Address: 111 ORANGE AVE, SUITE 300  
City-St-Zip: FORT PIERCE, FL 34950 US

Title: MGR  
Name: TOTH, LAURA  
Address: 111 ORANGE AVE, SUITE 300  
City-St-Zip: FORT PIERCE, FL 34950 US

Title: MGRM  
Name: KOONTZ, ALFRED J III  
Address: 111 ORANGE AVE, SUITE 300  
City-St-Zip: FORT PIERCE, FL 34950 US

Title: MGR  
Name: MILLER, GREG  
Address: 111 ORANGE AVE, SUITE 300  
City-St-Zip: FORT PIERCE, FL 34950 US

Title: MGR  
Name: HENRIQUEZ, ALEX  
Address: 111 ORANGE AVE, SUITE 300  
City-St-Zip: FORT PIERCE, FL 34950 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN C FINCH

MGR

04/17/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date