

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L96000000506

1. Entity Name
LIGHTNING LINK COMMUNICATIONS, L.C.



Principal Place of Business
1433 GULF TO BAY BLVD.
SUITE #H
CLEARWATER, FL 33755

Mailing Address
1433 GULF TO BAY BLVD.
SUITE #H
CLEARWATER, FL 33755



04212004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3377070

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, STEWART
951 CORTLAND WAY
PALM HARBOR, FL 34683

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000140305
04/29/04-80157-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WHITE, STEWART T 1433 GULF TO BAY BLVD - STE H CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WHITE CLOUD NINE VENTURES, LIMITED PARTNER 300 S. FOURTH ST., STE. 1100 LAS VEGAS, NV 89101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Stewart T. White Stewart T. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/27/04 727/841-5465
Date Daytime Phone #