

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 08, 2004 8:00 am
Secretary of State

03-22-2004 90422 030 ****50.00

DOCUMENT # L99000004100		
1. Entity Name LIGHTSHIP ENTERPRISES, L.L.C.		

Principal Place of Business 5728 MAJOR BLVD SUITE 314 ORLANDO, FL 32819	Mailing Address 5728 MAJOR BLVD SUITE 314 ORLANDO, FL 32819
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34002986



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03172004 Chg-LLC CR2E083 (10/03)

4. FEI Number 47-0939962	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent EHRLER, CHARLES 5728 MAJOR BLVD., SUITE 314 ORLANDO, FL 32819	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

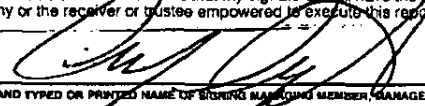
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR ALLEN, NOLEN 5728 MAJOR BLVD SUITE 314 ORLANDO, FL 32819 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR THIELE, JIM 5728 MAJOR BLVD SUITE 314 ORLANDO, FL 32819 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR EHRLER, CHARLES 5728 MAJOR BLVD SUITE 314 ORLANDO, FL 32819 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 3/17/04	Daytime Phone: (407) 363-7177
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