

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000004100

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

**Entity Name:** LIGHTSHIP ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

8249 PARKLINE BLVD.  
SUITE 200  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

8249 PARKLINE BLVD.  
SUITE 200  
ORLANDO, FL 32809

**New Mailing Address:**

**FEI Number:** 47-0939962

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

EHRLER, CHARLES  
8249 PARKLINE BLVD.  
SUITE 200  
ORLANDO, FL 32809 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:** ALLEN, NOLEN  
**Address:** 8249 PARKLINE BLVD. SUITE 200  
**City-St-Zip:** ORLANDO, FL 32809

**Title:** MGR  
**Name:** THIELE, JIM  
**Address:** 1900 NE 25TH AVE. SUITE 8  
**City-St-Zip:** HILLSBORO, OR 97124

**Title:** MGR  
**Name:** EHRLER, CHARLES  
**Address:** 8249 PARKLINE BLVD. SUITE 200  
**City-St-Zip:** ORLANDO, FL 32809

**Title:** MGR  
**Name:** WOJCIK, PATRICIA  
**Address:** 8249 PARKLINE BLVD. SUITE 200  
**City-St-Zip:** ORLANDO, FL 32809

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:** PATRICIA WOJCIK

MGR

03/30/2012

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