


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

06 NOV -7 PM 2:34

DOCUMENT # L01000005318					
1. Entry Name LIGHTHOUSE POINT TOWER, L.L.C.					
Principal Place of Business 1802 N. UNIVERSITY DRIVE, #226 PLANTATION, FL 33322		Mailing Address 1802 N. UNIVERSITY DRIVE, #226 PLANTATION, FL 33322			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 85-1095326	
5. Name and Address of Current Registered Agent KEZERLE, SAVITA 1802 N. UNIVERSITY DRIVE, #226 PLANTATION, FL 33322				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				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 _____				DATE _____	
SIGNATURE, typed or printed name of registered agent and title if applicable				DATE	
FILE NOW!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 807.193(2)(b), F.S., the limited liability company did not receive the prior notice.			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Director	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEZERLE, SAVITA	NAME	600081593566		
STREET ADDRESS	1802 N. UNIVERSITY DRIVE, #226	STREET ADDRESS	11/07/06--01054--005 **50.00		
CITY-ST-ZIP	PLANTATION, FL 33322	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Director	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEZERLE, SAVITA	NAME			
STREET ADDRESS	1802 N. UNIVERSITY DRIVE, #226	STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33322	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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: 30 Nov 2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE	

REINSTATEMENT 2006

SIR-4669972