


**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

NO. 012 P. 4

00000000

**DOCUMENT # L02000007454**

1. Entity Name  
**LIGHTHOUSE PROPERTIES, LLC**



Principal Place of Business  
1838 VILLAGE LANE  
NAPLES FL 34110

Mailing Address  
1838 VILLAGE LANE  
NAPLES FL 34110

2. Principal Place of Business  
20191 Wagner Ave.  
Suite, Apt. #, etc.

3. Mailing Address  
15811 Edgewood Dr  
Suite, Apt. #, etc.

City & State  
Alva, FL

City & State  
Dumfries, VA

Zip  
33920

Country  
USA


Zip  
22026

Country  
USA

**FILED**

2004-MAR 23-P 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For  
 Not Applicable

5. Certificate of Status Desired **XX** \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**NAPLES-LAWDOCK, INC.  
QUARLES & BRADY LLP  
4501 TAMiami TRAIL NORTH, SUITE 300  
NAPLES FL 34103**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEES \$20.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Hart/Manager 20191 Wagner Ave Alva FL 33920	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>04/06/04-01024-023</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400031863314 04/06/04--01024--023 **\$50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature has 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 prepare this report as required by Chapter 605, Florida Statutes.

SIGNATURE: *Robert B. Hart* 3/18/04 703-795-7971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2003 (10/02)