

FILED  
Jul 02, 2004 8:00 am  
Secretary of State


05-17-2004 90568 001 \*\*\*50.00

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

5/1

**DOCUMENT # L03000028355**

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



Principal Place of Business  
**3697 FREEMANTLE DRIVE  
PALM HARBOR, FL 34684**

Mailing Address  
**3697 FREEMANTLE DRIVE  
PALM HARBOR, FL 34684**

34009021



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

03242004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent  
**BENKO, JOAN E  
3697 FREEMANTLE DRIVE  
PALM HARBOR, FL 34684**

4. FEI Number  
**87-0704527**

Applied For  
 Not Applicable

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

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 *Joan E Benko* DATE **5/1/04**

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

Make check payable to Florida Department of State

8. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
MGR	BENKO, JOAN E		
STREET ADDRESS	3697 FREEMANTLE DRIVE		
CITY-ST-ZIP	PALM HARBOR, FL 34684		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Joan E Benko* DATE: **5/1/04** **727/301-9637**

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