

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050344

FILED
Feb 17, 2004
Secretary of State

Entity Name: LIGHTHOUSE HOMES, LLC

Current Principal Place of Business:

613 GRAND RAPIDS BLVD.
NAPLES, FL 34120

New Principal Place of Business:

455 RIVIERA BLVD WEST
NAPLES, FL 34112

Current Mailing Address:

PO BOX 11989
NAPLES, FL 34108

New Mailing Address:

PO BOX 11989
NAPLES, FL 34108

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RHOADES, SCOTT J
613 GRAND RAPIDS BLVD.
NAPLES, FL 34120

Name and Address of New Registered Agent:

RHOADES, SCOTT J
455 RIVIERA BLVD WEST
NAPLES, FL 34108

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: SCOTT RHOADES

02/17/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: RHOADES, SCOTT J
Address: 613 GRAND RAPIDS BLVD.
City-St-Zip: NAPLES, FL 34120

Title: MGRM () Delete
Name: RHOADES, KRISTEN C
Address: 613 GRAND RAPIDS BLVD.
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RHOADES, SCOTT J
Address: 455 RIVIERA BLVD WEST
City-St-Zip: NAPLES, FL 34112

Title: MGRM (X) Change () Addition
Name: RHOADES, KRISTEN C
Address: 455 RIVIERA BLVD WEST
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SCOTT RHOADES

MGR

02/17/2004

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