
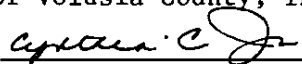


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90048 001 ***850.00

DOCUMENT # L04000008093 1. Entity Name LIGHTHOUSE KEY ENTERPRISE, LLC			
Principal Place of Business 2359 BEVILLE ROAD DAYTONA BEACH, FL 32119		Mailing Address 2359 BEVILLE ROAD DAYTONA BEACH, FL 32119	
2. Principal Place of Business 2379 Beville Road		3. Mailing Address 2379 Beville Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Daytona Beach, Florida		City & State Daytona Beach, Florida	
Zip		Zip	
Country		Country	
6. Name and Address of Current Registered Agent HAGAN, J. A 2359 BEVILLE ROAD DAYTONA BEACH, FL 32119		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2379 Beville Road City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
4. FEI Number 59-3276360		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(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. By: MHK of Volusia County, Inc., its Managing Member			
SIGNATURE:  Cynthia C. Jones, President		Date 4/11/05	Daytime Phone # 386-788-0820