


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90035 004 ****55.00

DOCUMENT # L04000065868	
1. Entity Name LIGHTHOUSE PRODUCTIONS, LLC	

Principal Place of Business 400 EDGEWOOD AVE. CLEARWATER, FL 33755	Mailing Address P.O. BOX 2643 CLEARWATER, FL 33757
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 400 Edgewood Ave	Suite, Apt. #, etc. P.O. Box 2643
City & State Clearwater FL	City & State Clearwater FL
Zip 33755	Zip 33757
Country USA	Country USA



08112005 Chg-LLC CR2E083 (10/03)

4. FEI Number 74-3130452	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIMMS, JEFFREY L 400 EDGEWATER AVE. CLEARWATER, FL 33755	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State 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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM SIMMS, JEFFREY L 400 EDGEWOOD AVE. CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE:  **8-10-05 727-562-9571**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **Date** **Daytime Phone #**