

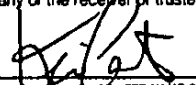


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 09-01-2005 90052002 \*\*\*\*50.00  
 L04000087254

DOCUMENT # L04000087254				FILED	
1. Entity Name LIGHTHOUSE PROPERTIES OF S.W. FLORIDA, LLC				2005 OCT -6 PM 1:09	
Principal Place of Business 9030 TERRANOVA DRIVE NAPLES, FL 34109		Mailing Address 9030 TERRANOVA DRIVE NAPLES, FL 34109		DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA	
2. Principal Place of Business 853 Vanderbilt Bch. Rd Suite 276 Naples FL		3. Mailing Address 853 Vanderbilt Beach Rd Suite 276 Naples FL		 05032005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 201964721		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALOIA, FRANK J JR. 2250 FIRST STREET FT. MYERS, FL 33901		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 _____ (NOTE: Registered Agent signature required when retreating) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005		_____		--- Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARTER, KEVIN	NAME			
STREET ADDRESS	9030 TERRANOVA DRIVE	STREET ADDRESS	8720 Bay Colony Dr. Unit 103		
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP	Naples FL 34108		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHRAMM, DARRIN	NAME			
STREET ADDRESS	21599 PORTRUSH RUN	STREET ADDRESS			
CITY-ST-ZIP	ESTERO, FL 33928	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEEREMA, JOHN	NAME			
STREET ADDRESS	1838 IMPERIAL GOLF COURSE ROAD	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34110	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HIS HOLDINGS, LLC	NAME			
STREET ADDRESS	4651 GULF SHORE BLVD. NORTH, #1208	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		MANAGING PARTNER/KEVIN CARTER		8/20/05 (201) 2873879	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	