2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 16, 2007 8:00 am Secretary of State **DOCUMENT # L06000080348** 04-16-2007 90346 049 ****55.00 LIGHTHOUSE REALTY, LLC Principal Place of Business Mailing Address 8482 LANCELOT AVENUE 8482 LANCELOT AVENUE 60036926 NORTH PORT, FL 34287 NORTH PORT, FL 34287 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122007 Chg-LLC CR2E083 (12/06) Applied For City & State 4. FEI Number 20-5398889 City & State Not Applicable Ζip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANESSIS, VALENTINA Street Address (P.O. Box Number is Not Acceptable) 8482 LANCELOT AVENUE NORTH PORT, FL 34287 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, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM MLE ☐ Change ☐ Addition TITLE Delete MANESSIS, VALENTINA NAME NAME STREET ADDRESS 8482 LANCELOT AVENUE STREET ADDRESS CITY-ST-ZIP NORTH PORT, FL 34287 CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete IME ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Detete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

FILED