2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# L07000058318

Entity Name: LIGHTHOUSE IMPORTS, LLC

Current Principal Place of Business:

2995 US HIGHWAY 1S
ST. AUGUSTINE, FL 32086 US

New Principal Place of Business:

2995 US HIGHWAY 1 S
ST. AUGUSTINE, FL 32086 US

Current Mailing Address:

2995 US HIGHWAY 1S
ST. AUGUSTINE, FL 32086 US

New Mailing Address:

2995 US HIGHWAY 1 S
ST. AUGUSTINE, FL 32086 US

FEI Number: 26-0548258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF ORLANDO, INC. (JGH)
300 S. ORANGE AVE.
SUITE 1000
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HUBLER, HOWARD F
Address: 2910 SADDLE CLUB ROAD
City-St-Zip: GREENWOOD, IN 46143 US

Title: MGR (X) Delete
Name: WOODS, LARRY
Address: CHASE TOWER, 111 MONUMENT CIRCLE, 38TH FL
City-St-Zip: INDIANAPOLIS, IN 46204 75

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HUBLER, HOWARD F
Address: 2910 SADDLE CLUB ROAD
City-St-Zip: GREENWOOD, IN 46143 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: HOWARD F HUBLER MGR 06/22/2009

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