

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000064604

**FILED**  
**Apr 23, 2008**  
**Secretary of State**

**Entity Name:** LIGHTHOUSE INSURANCE CONSULTANTS, LLC

**Current Principal Place of Business:**

13384 SW 128 ST, SUITE A  
MIAMI, FL 33186

**New Principal Place of Business:**

13364 SW 128 ST, SUITE A  
MIAMI, FL 33186

**Current Mailing Address:**

13384 SW 128 ST, SUITE A  
MIAMI, FL 33186

**New Mailing Address:**

13364 SW 128 ST, SUITE A  
MIAMI, FL 33186

**FEI Number:** 41-2243159      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GIAMBARBA, ANDREW  
10909 SW 113 PLACE  
UNIT C  
MIAMI, FL 33176 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: MGR ( ) Delete  
Name: GIAMBARBA, ANDREW  
Address: 10909 SW 113 PLACE, UNIT C  
City-St-Zip: MIAMI, FL 33176

Title: MGRM (X) Delete  
Name: ARTILES, CHEYLENE C  
Address: 15057 SW 158 COURT  
City-St-Zip: MIAMI, FL 33196

**ADDITIONS/CHANGES:**

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

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: ANDREW GIAMBARBA

MR.

04/23/2008

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