


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

06 MAY -1 AM 9:38  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

<b>DOCUMENT # A03000001320</b> 1. Entity Name LIGHTHOUSE POINTE PROJECT PARTNERSHIP, LTD.	
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Principal Place of Business C/O GREENSPOON, MARDER ET AL 135 WEST CENTRAL BLVD., SUITE 110 ORLANDO, FL 32801	Mailing Address C/O GREENSPOON, MARDER ET AL 135 WEST CENTRAL BLVD., SUITE 110 ORLANDO, FL 32801
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04242006 Chg-LP CR2E003 (11/05)

4. FEI Number <b>APPLIED FOR</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  GRAY, N. DWAYNE JR., ESQ 201 E PINE STREET SUITE 500 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent; and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P03000090654	STREET ADDRESS	
NAME	LIGHTHOUSE POINTE GENERAL PARTNER, INC.	CITY-ST-ZIP	
STREET ADDRESS	201 E PINE STREET, SUITE 500		
CITY-ST-ZIP	ORLANDO, FL 32801		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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 05/15/06--01046--022 \*\*500.00

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: FABRIZIO LUCCHESI April 24/06 1-905 882 1212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #