

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 12 AM 8:40

DOCUMENT # A03000001320 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 - No P.O. Box # C/O GREENSPOON MARDER PA Suite, Apt. #, etc. 201 E. PINE ST. #500 City & State ORLANDO FLORIDA Zip 32801 Country USA	3. Mailing Address C/O GREENSPOON MARDER PA Suite, Apt. #, etc. 201 E. PINE ST. #500 City & State ORLANDO FLORIDA Zip 32801 Country USA
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02072008 Chg-LP CR2E003 (12/06)

4. FEI Number APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	

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, 2008, 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 #	P03000099654	STREET ADDRESS	400120724584
NAME	LIGHTHOUSE POINTE GENERAL PARTNER, INC.	CITY-ST-ZIP	03/19/08--01024--002 **500.00
STREET ADDRESS	201 E PINE STREET, SUITE 500		
CITY-ST-ZIP	ORLANDO, FL 32801		
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STREET ADDRESS			
CITY-ST-ZIP			

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: _____ PRES. 2/22/08 407-425-6559
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE