

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 13 AM 9:31

DOCUMENT # A03000001321

1. Entity Name
LIGHTHOUSE POINTE FINANCING PARTNERSHIP, LTD.



Principal Place of Business
C/O GREENSPOON MARDER, ET AL
201 E. PINE STREET, SUITE 500
ORLANDO, FL 32801

Mailing Address
C/O GREENSPOON MARDER, ET AL
201 E. PINE STREET, SUITE 500
ORLANDO, FL 32801

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04222005 Chg-LP CR2E003 (10/03)

4. FEI Number
APPLIED FOR

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GRAY, N. DWAYNE JR., ESQ
201 EAST 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 *[Signature]* DATE 4/29/05

9. Capital Contributions as Shown on record. \$1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #	P03000099665	STREET ADDRESS	
NAME	LIGHTHOUSE POINTE FINANCING GENERAL PTR, INC	CITY-ST-ZIP	
STREET ADDRESS	201 EAST PINE STREET, SUITE 500		
CITY-ST-ZIP	ORLANDO, FL 32801		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* DATE 4/29/05 DAYTIME PHONE 407-425-6559

STAPLE CHECK HERE

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