

**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

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

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100056032521  
 06/10/05--01064--002 \*\*158.75

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 4074256559

STAPLE CHECK HERE

158.75