



2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 04, 2008 08:00 A
Secretary of State

DOCUMENT # A03000001321 1. Entity Name LIGHTHOUSE POINTE FINANCING PARTNERSHIP, LTD.	
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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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>

000000847425
03/19/08 00017 020 500.00

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 #	P03000099665	STREET ADDRESS	
NAME	LIGHTHOUSE POINTE FINANCING GENERL 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			

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
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	2/22/08 <small>Date</small>	407-425-6559 <small>Daytime Phone #</small>
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STAPLE CHECK HERE