

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000007090

1. Entity Name
LIGHTHOUSE POINT ASSOCIATES L.L.C.



Principal Place of Business 1666 KENNEDY CAUSEWAY SUITE 610 NORHT BAY VILLAGE, FL 33141	Mailing Address 1666 KENNEDY CAUSEWAY SUITE 610 NORHT BAY VILLAGE, FL 33141
-----------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------



02272008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1025157	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**NEMSER, SARALYN
 19032 NE 29TH AVE
 AVENTURA, FL 33180**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KNONCKIER, HENRI 1666 KENNEDY CAUSEWAY, #610 NORTH BAY VILLAGE, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LASRY, JOHN 1666 KENNEDY CAUSEWAY #610 NORTH BAY VILLAGE, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMS, BAMBI 1666 KENNEDY CSWY. #610 N. BAY VILLAGE, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000851542
 03/25/08-80043-013 138.75

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Bambi Sims* Date: 3/7/08 Daytime Phone #: 305 868-5881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE