

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000010097

1. Entity Name
LIGHTHOUSE RIVER TECHNOLOGIES, LLC

FILED *WLC*
01 APR 16 PM 4:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business Mailing Address
1759 W. BROADWAY ST. 1759 W. BROADWAY ST.
STE 6 STE 6
OVIEDO FL 32765 OVIEDO FL 32765

2. Principal Place of Business 3. Mailing Address
3031 RANDLEMAN CT. **P.O. Box 621882**
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
OVIEDO FL **Oviedo FL** **59-3664220** Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required
32765 USA 32762-1882 USA

6. Name and Address of Current Registered Agent
CROFT, JEFFREY L
1759 W. BROADWAY ST., STE 6
OVIEDO FL 32765
> Address Change ONLY

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3031 Randleman Ct.
City **Oviedo** FL Zip Code **32765**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER Jeffrey Lance Croft 3031 Randleman Ct. Oviedo, FL 32765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER Kenneth J. Bisnette 1002 Turtle Creek Dr. Oviedo, FL 32765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000040370007 <input checked="" type="checkbox"/> Addition -04/23/01 -01009--024 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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: *Jeffrey Lance Croft* **Jeffrey Lance Croft** 4/13/01 407-366-3938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)