


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000010097  
 1. Entity Name  
 LIGHTHOUSE RIVER TECHNOLOGIES, LLC



Principal Place of Business      Mailing Address  
 3031 RANDLEMAN CT.              PO BOX 621882  
 OVIEDO, FL 32765                  OVIEDO, FL 32762-1882

**DO NOT WRITE IN THIS SPACE**



04042004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 59-3664220	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 CROFT, JEFFREY L  
 3031 RANDLEMAN CT.  
 OVIEDO, FL 32765

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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 should be printed name of signor and signor's title, office, and address. (NOTE: Registered Agent signature requires notary attestation) DATE

**Filing Fee is \$50.00  
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY ST ZIP	MEM CROFT, JEFFREY L 3031 RANDLEMAN CT. OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY ST ZIP	MEM BISNETTE, KENNETH J 1002 TURTLE CREEK DR. OVIEDO, FL 32765
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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      4/4/04      407366-3938  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      DAYTIME PHONE #