

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 24, 2003 8:00 am**  
**Secretary of State**

09-24-2003 90048 020 \*\*\*\*50.00

DOCUMENT # L01000004520

1. Entity Name  
**THE LIGHTHOUSE GROUP, LLC**



Principal Place of Business

**335 INTERSTATE BLVD.  
SARASOTA FL 34240**

Mailing Address

**335 INTERSTATE BLVD.  
SARASOTA FL 34240**

2. Principal Place of Business

**1832 COTTONWOOD TR**

Suite, Apt. #, etc.

3. Mailing Address

**1832 Cottonwood Tr**

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**Sarasota FL**

City & State  
**Sarasota FL**

4. FEI Number **65-1085441**

Applied For  
 Not Applicable

Zip  
**34232**

Country  
**Sarasota**

Zip  
**34232**

Country  
**Sarasota**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAGER, PETER G  
1832 COTTONWOOD TRAIL  
SARASOTA FL 34232**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	FAGER, PETER G	1832 COTTONWOOD TR	SARASOTA FL 34232	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Peter G Fager**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**9/10/03 941-377-2540**  
Date Daytime Phone #

CR2E083 (4/03)