

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90024 009 ****50.00

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01262005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L01000018711					
1. Entity Name LIGHTHOUSE BAY APARTMENTS, LLC					
Principal Place of Business 300 N.W. 12TH AVENUE MIAMI, FL 33128			Mailing Address 300 N.W. 12TH AVENUE MIAMI, FL 33128		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				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				7. Name and Address of New Registered Agent	
MARTORANO, SALVATORE 300 N.W. 12TH AVENUE MIAMI, FL 33128				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
(Filing Fee is \$50.00 Due by May 1, 2005)				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGUEZ, AGUSTIN P		NAME	Sibley, Russell A., Jr.	
STREET ADDRESS	300 NW 12 AVE		STREET ADDRESS	300 NW 12 Avenue	
CITY-ST-ZIP	MIAMI, FL 33128		CITY-ST-ZIP	Miami, Florida 33128	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTORANO, SAL S/T		NAME	Rovin, Ty	
STREET ADDRESS	300 NW 12 AVE		STREET ADDRESS	300 NW 12 Avenue	
CITY-ST-ZIP	MIAMI, FL 33128		CITY-ST-ZIP	Miami, Florida 33128	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVALES, RONALD V		NAME		
STREET ADDRESS	300 NW 12 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33128		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, EUGENIA S		NAME	Rodriguez, Kathleen	
STREET ADDRESS	300 NW 12 AVE		STREET ADDRESS	300 NW 12 Avenue	
CITY-ST-ZIP	MIAMI, FL 33128		CITY-ST-ZIP	Miami, Florida 33128	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>[Signature]</u> JP RONALD E. REVALES				Date: 03/04/2005 (305) 324-5505	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	