

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90359 023 ****50.00

DOCUMENT # L02000001630					
1. Entity Name Lighthouse Village, LLC					
Principal Place of Business 7100 THOMAS DRIVE PANAMA CITY BEACH, FL 32408			Mailing Address 933 HENDERSONVILLE RD. ASHEVILLE, NC 28803		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 80-0040044	
Zip		Country		Zip	
Country		Country		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	
HESS, BRIAN D 9108 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407				Name <u>Amos GOAZ</u> Street Address (P.O. Box Number is Not Acceptable) <u>4133 DANNY DR</u> City <u>PANAMA City Beach</u> FL Zip Code <u>32408</u>	
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 <u>[Signature]</u> <u>GOAZ</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME MELISOTIS, DIMITRIOS STREET ADDRESS 933 HENDERSONVILLE RD CITY-ST-ZIP ASHEVILLE, NC 28803	<input checked="" type="checkbox"/> Delete		TITLE MGR NAME HABA, SASOON STREET ADDRESS 9219 Front Beach Rd CITY-ST-ZIP PANAMA CITY BEACH FL 32407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGRM NAME BERTRAM, LINDA STREET ADDRESS 933 HENDERSONVILLE RD CITY-ST-ZIP ASHEVILLE, NC 28803	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME MALKA, MICHAEL STREET ADDRESS 2725 PARKWAY CITY-ST-ZIP PIGEON FORGE, TN 37863	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME COHEN, IZIK STREET ADDRESS 202 BROADWAY CITY-ST-ZIP WISCONSIN DELLS, WI 53965	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME GOAZ, AMOS STREET ADDRESS 200 LESLIE DRIVE APT 1117 CITY-ST-ZIP HALLANDALE, FL 33009	<input type="checkbox"/> Delete		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"/> Delete		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 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: <u>[Signature]</u> <u>GOAZ</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					