2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001630

Name:

Address:

City-St-Zip:

HABA, SASOON

9219 FRONT BEACH RD

PANAMA CITY BEACH, FL 32407

Entity Name: LIGHTHOUSE VILLAGE, LLC

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7100 THOMAS DRIVE 8525 THOMAS DR PANAMA CITY BEACH, FL 32408 PANAMA CITY BEACH, FL 32408 **Current Mailing Address: New Mailing Address:** 933 HENDERSONVILLE RD. 8525 THOMAS DR PANAMA CITY BEACH, FL 32408 ASHEVILLE, NC 28803 FEI Number: 80-0040044 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: GOAZ, AMOS HABA, SASOON 4033 DANNY DR 4033 DANNY DR PANAMA CITY, FL 32408 US PANAMA CITY, FL 32408 US 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: SASOON HABA 04/29/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete MALKA, MICHAEL Name: Name: 2725 PARKWAY Address: Address: City-St-Zip: PIGEON FORGE, TN 37863 City-St-Zip: Title: MGR Title: () Delete () Change () Addition Name: COHEN, IZIK Name: Address: 202 BROADWAY Address: City-St-Zip: WISCONSIN DELLS, WI 53965 City-St-Zip: Title: MGR () Delete Title: () Change () Addition GOAZ, AMOS Name: Name: 200 LESLIE DRIVE APT 1117 Address: Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: MGR () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SASOON HABA M 04/29/2009