2005 LIMITED LIABILITY COMPANY __ANNUAL REPORT

FILED Mar 03, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Mar 03, 2005 08:00	
DOCUMENT # L02000008195 1. Entity Name LIGHTHOUSE DEVELOPMENT & INVESTMENT GROUP, LLC				Se	ecretary of Sta
Principal Place of Business 4411 BEACON CIRCLE, SUITE 4 WEST PALM BEACH, FL 33407			Mailing Address 4411 BEACON CIRCLE, SUITE 4 WEST PALM BEACH, FL 33407		
	O NOT WOIT	E IN THE COA	OF	01202005 No Chg-LLC	CF2E083 (10/03)
L	O NOI WAII	E IN THIS SPA	CE , ;	FEI Number 51-0450216 Certificate of Status Desired	Applied For Not Applicable \$5.00 Additional
	6. Name and Address of Curre	nt Registered Agent			Fee Required
4411 BEA	S, BRIAN G CON CIRCLE, SUITE 4 LM BEACH, FL 33407		DO NOT WRITE IN THIS SPACE		
the obligat	e named entity submits this statementions of registered agent. Signature, upped or printed name of registered agent. Illing Fee is \$50.00 ue by May 1, 2005	t for the purpose of changing its register ont and little if applicable. (NOTE: Register	red office or register		ida. I am familiar with, and accept
9.	MANAGING MEM	BER\$/MANAGER\$	to said the said of the training	*	
TTLE NAME STREET ADDRESS CITY-ST-ZIP	PS EDWARDS, BRIAN G 4411 BEACON CIRCLE #4 WEST PALM BEACH, FL 334			U00000 13704705	350235 30003-021 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARRISH, J. KENNETH 4411 BEACON CIRCLE #4 WEST PALM BEACH, FL 334	07			
TITLE NAME STREET ADDRESS CKTY-ST-ZP		_		DO NOT W	RITE
TITLE HAME STREET ADDRESS CITY-ST-ZIP				IN THIS SP	
TITLE NAME STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·			

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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND THE OFFRENTED NAME OF SIGNING MANAGING MEMBER, ON AUTHORIZED REPRESENTATIVE

Daytime Phone #