2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L02000008195 03-28-2008 90169 006 ***138.75 LIGHTHOUSE DEVELOPMENT & INVESTMENT GROUP, Principal Place of Business Mailing Address 4411 BEACON CIRCLE, SUITE 4 4411 BEACON CIRCLE, SUITE 4 60017745 WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407 2. Principal Place of Business - No P.O. Box # 3418 W. Mallory 3. Mailing Address Same Suite, Apt. #, etc. Suite, Apt. #, etc. 02272008 Chg-LLC CR2E083 (12/06) City & State 4. EEI Number Applied For <u>Jupite</u> 51-0450216 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BUIRD 6 towards EDWARDS, BRIAN G Street Address (P.O. Box Number is Not Acceptable) 4411 BEACON CIRCLE, SUITE 4 W. Mallory WEST PALM BEACH, FL 33407 ^{Zip}C33458 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 rainstating) 6, Edward Brian FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Hember Change Detete TITLE TITLE Addition EDWARDS, BRIAN G NAME NAME 3418 W. Mallory Blud. STREET ADDRESS 4411 BEACON CIRCLE #4 STREET ADDRESS Jupiter 1FL 33458 CITY-ST-ZIP WEST PALM BEACH, FL 33407 CITY-ST-7IP Managing Hember Change TITLE Delete ☐ Addition TITLE NAME PARRISH, J. KENNETH NAME 3418 W. Mallory Blud. Jupiter FL 33458 STREET ADDRESS 4411 BEACON CIRCLE #4 STREET ADDRESS WEST PALM BEACH, FL 33407 CITY-ST-ZIP CITY-ST-2IP Change TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filling 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. limited liability company or the receiver or trustee empoy NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 28, 2008 8:00 am

Brian 6, Edwards