


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90072 028 \*\*\*\*50.00

|                                |   |
|--------------------------------|---|
| <b>DOCUMENT # L02000017596</b> |  |
|--------------------------------|---|

1. Entity Name  
**AMERICA'S LIGHTHOUSE, LLC**

|  |  |
|--|--|
| Principal Place of Business<br><b>2100 WEST 76TH STREET, SUITE 401<br/>HIALEAH, FL 33016</b> | Mailing Address<br><b>2100 WEST 76TH STREET, SUITE 401<br/>HIALEAH, FL 33016</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>17140 Arvida Parkway</b> | 3. Mailing Address<br><b>17140 Arvida Parkway</b> |
| Suite, Apt. #, etc.<br><b>4</b>                               | Suite, Apt. #, etc.<br><b>4</b>                   |
| City & State<br><b>WESTON, FLORIDA</b>                        | City & State<br><b>WESTON, FLORIDA</b>            |
| Zip<br><b>33326</b>   | Country<br><b>33326</b>                           |



04222004 Chg-LLC CR2E083 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>56-2325947</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required.

**6. Name and Address of Current Registered Agent**

**ALVARADO, MIGDALIA E  
2100 WEST 76TH STREET, SUITE 401  
HIALEAH, FL 33016**

**7. Name and Address of New Registered Agent**

Name **Leslie J. Freedman**

Street Address (P.O. Box Number is Not Acceptable)

**17140 Arvida Parkway, Suite 4  
WESTON FL Zip Code 33326**

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 **Leslie J. Freedman**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/24/04**

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>LIFSCHITZ, EDUARDO<br/>2100 W 76TH ST<br/>HIALEAH, FL 330165504</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ST<br/>ALVARADO, MIGDALIA<br/>2100 W 76TH ST<br/>HIALEAH, FL 330165504</b>   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

**10. ADDITIONS/CHANGES**

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 149.07(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**April 24, 2004**