2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 14, 2005 08:00 AM Secretary of State DOCUMENT # L02000018416 1. Entity Name LIGHTHOUSE POINTE HOME BUILDERS, LLC Principal Place of Business Mailing Address **5281 HICKORY WOOD DRIVE** 5281 HICKORY WOOD DRIVE NAPLES, FL 34119 NAPLES, FL 34119 01252005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 71-0909082 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREGORY, C. NEIL ESQ DO NOT WRITE 850 PARK SHORE DRIVE NAPLES, FL 34103 IN THIS SPACE 5. 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS TITLE NAME HILLIS, DANA L STREET ADDRESS 5281 HICKORYWOOD DR CITY-ST-ZIP NAPLES, FL 34119 ___U00000229531 02/14/05-80080-019 **50.0**0 TITLE VP. LUCENT, JOSEPH H NAME STREET ADDRESS 17801 LAURAM CT CITY-ST-ZIP MACOMB, MI 48044 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

FILED