

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000021675

1. Entity Name
LIGHTHOUSE POINT LAND COMPANY, LLC



Principal Place of Business
250 GIBRALTAR RD
HORSHAM, PA 19044

Mailing Address
250 GIBRALTAR RD
HORSHAM, PA 19044

BK

FILED

07 APR -9 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03262007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

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

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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME TOLL, ROBERT I
STREET ADDRESS 250 GIBRALTAR RD
CITY-ST-ZIP HORSHAM, PA 19044

BK

TITLE ☐ Change ☐ Addition
NAME 500096512385
STREET ADDRESS 04/11/07--01043--002 **50.00
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME BARZILAY, ZVI
STREET ADDRESS 250 GIBRALTAR RD
CITY-ST-ZIP HORSHAM, PA 19044

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME RASSMAN, JOEL H
STREET ADDRESS 250 GIBRALTAR RD
CITY-ST-ZIP HORSHAM, PA 19044

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME WARSHAUER, MARK J
STREET ADDRESS 250 GIBRALTAR RD
CITY-ST-ZIP HORSHAM, PA 19044

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Division President
STREET ADDRESS J. Michael Donnelly
CITY-ST-ZIP 5300 W. Atlantic Avenue
Delray Beach, FL 33484

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Division Vice President
STREET ADDRESS Ronald Blum
CITY-ST-ZIP 5300 W. Atlantic Avenue
Delray Beach, FL 33484

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

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

Mark J. Warshauer
Vice President

4/02/07

Date

Daytime Phone #