

**\*\*AMENDED\*\***

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000021675

1. Entity Name

LIGHTHOUSE POINT LAND COMPANY, LLC



**DO NOT WRITE IN THIS SPACE**

FILED  
03 NOV -6 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business  
3103 Philmont Avenue

3. Mailing Address  
3103 Philmont Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Huntingdon Valley, PA

City & State  
Huntingdon Valley, PA

4. FEI Number

Applied For

☒ Not Applicable

Zip  
19006

Country  
Montgomery

Zip  
19006

Country  
Montgomery

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
CT Corporation System

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

1200 South Pine Island Road

City  
Plantation

FL

Zip Code  
33324

**DO NOT WRITE  
IN THIS SPACE**

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.

**CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

11/06/03

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Robert I. Toll, Manager  
3103 Philmont Avenue  
Huntingdon Valley, PA 19006

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800024897998  
11/21/03--01007--011 \*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Zvi Barzilay, Manager  
3103 Philmont Avenue  
Huntingdon Valley, PA 19006

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Joel H. Rassman, Manager  
3103 Philmont Avenue  
Huntingdon Valley, PA 19006

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
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**AMENDED**

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**2003**

TITLE  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP  
**UBR**

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:

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

Kenneth J. Gary, Sr. VP &

Authorized Representative

Date

11/05/03

Daytime Phone #

215) 938-8000