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Secretary of State

03-07-2005 90061 028 ****50.00

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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000008997

1. Entity Name
LIGHTHOUSE LAWN MAINTENANCE, LLC

30007824

Principal Place of Business	Mailing Address
~~P.O. BOX 410722~~ MELBOURNE, FL 32941 5500 Sand Lake dr.	P.O. BOX 410722 MELBOURNE, FL 32941

02252005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
5500 Sand Lake dr.	PO Box 410722
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: melbourne Florida	City & State: melbourne Florida
Zip: 32934 Country:	Zip: 32941 Country:

4. FEI Number: 20-0698298 ☐ 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
RUTKOWSKI, MARK P.O. BOX 410722 MELBOURNE, FL 32941 — Rutkowski, MARK 5500 Sand lAke dr. melbourne FL, 32934	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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RUTKOWSKI, MARK P.O. BOX 410722 MELBOURNE, FL 32941 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Mark [signature] 2/20/05 (321) 254-1224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #