

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038696

FILED
Apr 30, 2004
Secretary of State

Entity Name: LIGHTHOUSE CAPITAL GROUP, LLC.

Current Principal Place of Business:

5220 NW 72 AVE
SUITE 12
MIAMI, FL 33166

New Principal Place of Business:

7601 E TREASURE DR
SUITE 519
N BAY VILLAGE, FL 33141

Current Mailing Address:

5220 NW 72 AVE
SUITE 12
MIAMI, FL 33166

New Mailing Address:

7601 E TREASURE DR
SUITE 519
N BAY VILLAGE, FL 33141

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOLINA, FERNANDO A
12625 SW 91 ST
102
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MOLINA, CESAR
Address: 5220 NW 72 AVE #12
City-St-Zip: MIAMI, FL 33166

Title: MGRM () Delete
Name: MOLINA, FERNANDO
Address: 5220 NW 72 AVE #12
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOLINA, CESAR
Address: 7601 E TREASURE DR STE 519
City-St-Zip: N BAY VILLAGE, FL 33141

Title: MGRM (X) Change () Addition
Name: MOLINA, FERNANDO
Address: 7601 E TREASURE DR STE 519
City-St-Zip: N BAY VILLAGE, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: FERNANDO MOLINA

MGRM

04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date