2005 LIMITED LIABILITY COMPANY

Apr 28, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L04000059450** 04-28-2005 90048 001 ***850.00 LIGHTHOUSE KEY VENTURE I, LLC Principal Place of Business Mailing Address 2359 BEVILLE ROAD 2359 BEVILLE ROAD DAYTONA BEACH, FL 32119 DAYTONA BEACH, FL 32119 2. Principal Place of Business 3. Mailing Address 2379 Beville Road 2379 Beville Road Suite, Apt. #, etc. Suite, Apt. #, etc. 02252005 Chg-LLC CR2E083 (10/03) Applied For 4. FEI Number 41–2151893 City & State City & State Daytona Beach, Florida Daytona Beach, Florida Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 32119 Fee Required USA 32119 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAGAN, J. ANDREW Street Address (P.O. Box Number is Not Acceptable) 2379 Beville Road 2359 BEVILLE ROAD DAYTONA BEACH, FL 32119 Zip Code FL 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 Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS MGRM ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME Lighthouse Key Management, Inc. 2379 Beville Road STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Daytona Beach, FL 32119 Addition TITLE ☐ Delete TITLE П Спапое NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST_7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete ☐ Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE □ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Lighthouse Key Management, Inc. 4 its Managing Member Morteza Hosseini-Kargar, President

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

386-788-0820

Daytime Phone #

FILED