2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085418

Entity Name: RIGHTHOUSE LLC

Current Principal Place of Business:	**New Principal Place of Business:**
414 BELLE ISLE AVE BELLEAIR, FL 34634	414 BELLE ISLE AVE BELLEAIR, FL 33786

Current Mailing Address:	**New Mailing Address:**
414 BELLE ISLE AVE BELLEAIR, FL 34634	414 BELLE ISLE AVE BELLEAIR, FL 33786

FEI Number: 20-1703592   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
POLLICK, CHARLES J 414 BELLE ISLE AVE BELLEAIR, FL 34634 US	POLLICK, CHARLES J 414 BELLE ISLE AVE BELLEAIR, FL 33786 US

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: _____   04/25/2005
                        Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MEMBERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	POLLICK, CHARLES J	Name:	POLLICK, CHARLES J
Address:	414 BELLE ISLE AVE	Address:	414 BELLE ISLE AVE
City-St-Zip:	BELLEAIR, FL 34634	City-St-Zip:	BELLEAIR, FL 33786
Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	POLLICK, SANDRA	Name:	POLLICK, SANDRA
Address:	414 BELLE ISLE AVE	Address:	414 BELLE ISLE AVE
City-St-Zip:	BELLEAIR, FL 34634	City-St-Zip:	BELLEAIR, FL 33786

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: CHARLES J POLLICK   MGRM   04/25/2005
          Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date