

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90125 031 \*\*\*138.75

**DOCUMENT # L05000005851**

1. Entity Name  
**LIGHTHOUSE TOURS OF FLORIDA, LLC**



Principal Place of Business  
**410 NE 88TH ST.  
EL PORTAL, FL 33138**

Mailing Address  
**410 NE 88TH ST.  
EL PORTAL, FL 33138**

**60027276**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**20-2183693**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**CASAS, JORGE H SR.  
410 NE 88TH ST  
EL PORTAL, FL 33138**

Name **CASAS NIDIA PATRICIA**

Street Address (P.O. Box Number is Not Acceptable)  
**410 NE 88TH ST**

City **EL PORTAL**

FL

Zip Code **33138**

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]*

**NIDIA PATRICIA CASAS**

**04/19/08**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete  
NAME **CASAS, JORGE H SR.**  
STREET ADDRESS **410 NE 88TH ST**  
CITY-ST-ZIP **EL PORTAL, FL 33138**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **CASAS NIDIA PATRICIA**  
STREET ADDRESS **410 NE 88TH ST**  
CITY-ST-ZIP **EL PORTAL FL 33138**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*

**JORGE H. CASAS**

**04/19/08**

**(305) 978 2435**