


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90052 001 \*\*\*250.00

|  |   |   |   |
|--|---|---|---|
| <b>DOCUMENT # L05000063270</b>   |   |  |   |
| 1. Entity Name<br>LIGHTHOUSE COLONY, LLC   |   |   |   |
| Principal Place of Business<br>315 PORPOISE POINT DRIVE<br>ST. AUGUSTINE, FL 32084   |   | Mailing Address<br>315 PORPOISE POINT DRIVE<br>ST. AUGUSTINE, FL 32084            |   |
| 2. Principal Place of Business   |   | 3. Mailing Address  |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |
| City & State   |   | City & State  |   |
| Zip  | Country   | Zip   | Country   |
| 01202006   |   | Chg-LLC CR2E083 (11/05)   |   |
| 4. FEI Number<br>203066484   |   | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$5.00 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent  |   | 7. Name and Address of New Registered Agent                                       |   |
| VASSALLO, JOHN M<br>315 PORPOISE POINT DRIVE<br>ST. AUGUSTINE, FL 32084  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>  |   |   |   |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |   | Make check payable to<br>Florida Department of State                              |   |
| 9. MANAGING MEMBERS/MANAGERS   |   | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete<br>JOHN M VASSALLO<br>315 PORPOISE PT DR<br>ST AUGUSTINE FL 32084 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 606, Florida Statutes. |   |   |   |
| SIGNATURE <u>John M Vassallo</u> JOHN M VASSALLO 1/23/06 904-799-7722<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |   |   |



ATTACHMENT

30002124

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 28, 2006

LIGHTHOUSE COLONY, LLC  
315 PORPOISE POINT DRIVE  
ST. AUGUSTINE, FL 32084

Subject: LIGHTHOUSE COLONY, LLC

Reference Number: L05000063270

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$250.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH  
ANNUAL REPORTS SECTION



ATTACHMENT

30002129

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2006

LIGHTHOUSE COLONY, LLC  
315 PORPOISE POINT DRIVE  
ST. AUGUSTINE, FL 32084

Subject: LIGHTHOUSE COLONY, LLC

Reference Number: L05000063270

Please be advised, we have received your annual report/uniform business report and check(s) totaling \$250.00 of which \$50.00 has been designated to file this report. However, the enclosed annual report/uniform business report **has not been filed** and a copy is being returned to you for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314