## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT** DOCUMENT #1.05000115011



FILED Feb 12, 2007 8:00 am Secretary of State

THE OBJECT OF THE PROPESS OF THE PRO	1. Entity Name LIGHTHOUSE RESTAURANT, LLC				,	02-12-2007	_			
Suite, Apt. #, etc.  Covy & State  Covy & State  Covy & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of Hew Registered Agent  NESSMITH, SUSAN W 7600 US HWY 19 N. FANNING SPRINGS, FL 32693  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Filing Fee is \$5.00  Due by Ray 1, 2007  P.  MANAGING MEMBERS/MANAGERS  10.  ADDITIONS/CHANGES  FILING Fee is \$5.00  Make Chick payable to Florida Department of State  P.  MANAGING MEMBERS/MANAGERS  10.  ADDITIONS/CHANGES  P.  Charge Add  Add  Add  Chick P.  Charge Add  Add  Add  Add  Chick P.  Charge Add  Add  Add  Add  Add  Add  Add  Add	P. O. BOX 639 7600 US HWY 19 N	P. O. BOX 639	P. O. BOX 639			ETTILOW FRII FRII ERRE ETT			10 M 08	
City & State  City & State Desired  Street Address of Status Desired  Street Address of New Registered Agent  To Name and Address of New Registered Agent  To Name and Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  FANNING SPRINGS, FL 32693  Street Address (P.O. Box Number is Not Acceptable)  FANNING SPRINGS, FL 32693  City FL Zip Code  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 acceptable of the obligations of registered agent of registered agent of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent of registered agent of registered agent of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent of regist	2. Principal Place of Business - No P.O. Box	c# 3. Mailing Address	3. Mailing Address							
Zip Country Zip Country Signature and Address of Country Country Signature and Address of Country Signature and Address of Country Signature and Address of Country Registered Agent To Name and Address of Hew Registered Agent Poo Requirement Address of Hew Registered Agent Pool Registered A						-	CR2E			
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The Address of New Registered Agent  6. The Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The Address of New Registered Agent  6. The Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The Address of New Registered Agent  9. Charge   Address of New Registered Agent  9. The Address of New Registered  9. The Address of N	<u> </u>	City & State	,					No	t Applicable	
NESSMITH, SUSAN W 7600 US HWY 19 N. FANNING SPRINGS, FL 32693  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 acceptable to the obligations of registered agent age								Fee Require	litional d	
FANNING SPRINGS, FL 32693  S. 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 accident the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  MANAGING MEMBERS/MANAGERS  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  FILING NESSMITH, SUSAN W  SIRET ADDRESS  OTY-ST-2P  MANAGING SPRINGS, FL 32693  TILE  NAME  SIRET ADDRESS  OTY-ST-2P  SIRET ADDRESS  OTY-ST-2	6. Name and Address of (									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidented to obligations of registered agent.  SIGNATURE    Signature   Sign	7600 US HWY 19 N.			Street Address (P.O. Box Number is Not Acceptable)						
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 accidence of registered agent.  SIGNATURE    Signature, your or printed name of registered agent and to it appears not to it appears not to it appears and to	FANNING SPRINGS, FL 32693									
THE OBJECT OF THE PROPESS OF THE PRO				City			FL	Zip Code	9	
Filling Fee is \$50.00  Dub by May 1, 2007  MANAGING MEMBERS / MANAGERS  TITLE MARE NESSMITH, SUSAN W STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE STREET ADDRESS CITY-ST-	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.									
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  ITILE NAME NESSMITH, SUSAN W 7600 US HWY 19 N FANNING SPRINGS, FL 32693 CITY-ST-ZIP  ITILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS STREET A	SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when renstating)  DATE									
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET A	Filing Fee is \$50.00 Due by May 1, 2007								•	
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CITY-ST-ZIP	NAME	☐ Delete	NAM! STRE	E Et address				☐ 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 excurses and that muslimation the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and excurses and that muslimation the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and excurses and that muslimation that the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and excurses and that muslimation the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and excurses and that muslimation is provided in Chapter 119. Florida Statutes.	NAME Street address City-St-Zip		nami Strei City	E ET ADDRESS - ST-ZIP	Charles				Addition	