

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101439

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: LIGHTHOUSE MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

4500 LINCOLN ST  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

4500 LINCOLN ST  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 56-2620229

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROCH, GLENN  
4500 LINCOLN ST  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BROCH, GLENN  
Address: 4500 LINCOLN ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM ( ) Delete  
Name: BROCH, JONATHAN  
Address: 1842 NW 74TH WAY  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGRM ( ) Delete  
Name: BROCH, MATTHEW  
Address: 8826 SPINNER COVE LANE  
City-St-Zip: NAPLES, FL 34120

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GLENN BROCH

MGRM

02/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date