

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90133 021 \*\*\*138.75

**DOCUMENT # L07000012713**

1. Entity Name  
**G&D LIGHTHOUSE POINT, LLC**



Principal Place of Business  
**2325 NE 26 STREET  
LIGHTHOUSE POINT, FL 33064**

Mailing Address  
**2325 NE 26 STREET  
LIGHTHOUSE POINT, FL 33064**

**60007080**

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

**N/A**

3. Mailing Address

**N/A**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

**209389633**

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

**MAC LEAN, FREDERICK R  
2600 NE 14TH STREET CSWY  
POMPANO BEACH, FL 33062**

7. Name and Address of New Registered Agent

Name

**N/A**

Street Address (P.O. Box Number is Not Acceptable)

City

**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

*Frederick R MacLean*

**11/31/08**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BURNETT, GARY D  
2325 NE 26 STREET  
LIGHTHOUSE POINT, FL 33064** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BURNETT, DANA M  
2325 NE 26 STREET  
LIGHTHOUSE POINT, FL 33064** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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10. ADDITIONS/CHANGES

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

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CITY-ST-ZIP  
☐ Change ☐ 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 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Frederick R MacLean*

Date

Daytime Phone #

**2/6/08 954-981-5986**