

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90818 008 ****50.00

DOCUMENT # L99000006679

1. Entity Name

LIGHTHOUSE CONSTRUCTION, L.L.C.

Principal Place of Business

P.O. BOX 562693
 MIAMI FL 33256

Mailing Address

P.O. BOX 562693
 MIAMI FL 33256



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5000 Lindstrom Dr

Suite, Apt. #, etc.

3. Mailing Address

5000 Lindstrom Dr

Suite, Apt. #, etc.

City & State

Charlotte, NC

Zip

28226

Country

City & State

Charlotte, NC

Zip

28226

Country

4. FEI Number

65-0955082

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LAW OFFICES OF MICHAEL R. STORACE, P.A.
 5975 SUNSET DRIVE, SUITE 504
 MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
 NAME BENGTSON, DAVID
 STREET ADDRESS 10820 SW 74 CT.
 CITY-ST-ZIP MIAMI FL 33156

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE MGR
 NAME Bengtson, David
 STREET ADDRESS 5000 Lindstrom Dr
 CITY-ST-ZIP Charlotte, NC 28226

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

2/7/02

704 622-5814

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

Date

Daytime Phone #

CR2E083 (9/01)