

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 31 AM 8:47



DOCUMENT # M98000000885 1. Entity Name LIGHTHOUSE COMMUNITY SERVICES, L.L.C.					
Principal Place of Business 1514 N. GREENVILLE AVE. SUITE 345 ALLEN, TX 75002		Mailing Address 1514 N. GREENVILLE AVE. SUITE 345 ALLEN, TX 75002			
2. Principal Place of Business <i>848 Tamiami Trail</i>		3. Mailing Address Suite, Apt. #, etc.			
City & State <i>Port char lotte Florida</i>		City & State			
Zip <i>33953</i>	Country <i>USA</i>	Zip	Country		
6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>508061044336</i> <i>10/31/05--01048--003 **50.00</i> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOTT, THOMAS D 2901 DALLAS PARKWAY, SUITE 345, LB 14 PLANO, TX 75093	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Scott, Thomas D. 1514 N. Greenville Ave suite 345 Allen TX 75002	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARRETT, MARVIN 2901 DALLAS PARKWAY SUITE 345, LB 14 PLANO, TX 75093	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Garrett, Marvin 1514 N. Greenville Ave suite 345 Allen TX 75002	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *M. Garrett* 10/24/05 972-678-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #