

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90125 012 ***150.00

DOCUMENT # P03000099654

1. Entity Name
LIGHTHOUSE POINTE GENERAL PARTNER, INC.



Principal Place of Business

**c/o Greenspoon Marder Hirschfeld
Rafkin Ross & Berger, P.A.
201 E. Pine Street, Ste. 500
Orlando, Florida 32801**

Mailing Address

**c/o Greenspoon Marder Hirschfeld
Rafkin Ross & Berger, P.A.
201 E. Pine Street, Ste. 500
Orlando, Florida 32801**

50051589



04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0743669

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRAY, N. DWAYNE JR
GREENSPOON MARDER HIRSCHFELD RAFKIN ROSE
201 E. Pine Street, Suite 500
Orlando, Florida 32801**

**DO NOT WRITE
IN THIS SPACE**

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

N. Dwayne Gray, Jr.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LUCCHESI, FAB 105 W BEAVER CREEK RICHMOND HILL, ONTARIO, CN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MYERS, WILLIAM 105 W BEAVER CREEK RICHMOND HILL, ONTARIO, CN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

N. Dwayne Gray, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 407-425-6559
Date Daytime Phone #