2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 08:00 A
Secretary of State

DOCUMENT # P03000099654

1. Entity Name
LIGHTHOUSE POINTE GENERAL PARTNER, INC.

Principal Place of Business	Mailing Address
201 E PINE ST., STE 500 ORLANDO, FL 32801 US	201 E PINE ST., STE 500 ORLANDO, FL 32801 US

02072008 No Chg-P CR2E034 (11/05)

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
135 WEST CENTRAL BLVD STE 1100
ORLANDO, FL 32801

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000847186
03/13/08-80010-006 150.00

10. OFFICERS AND DIRECTORS

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

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12. 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 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: _____ PRES. 2/22/08 407-425-6559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #