

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000099665

1. Entity Name
LIGHTHOUSE POINTE FINANCING GENERAL PARTNER,
INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 27 PM 3:37

Principal Place of Business Mailing Address
c/o Greenspoon Marder et al. c/o Greenspoon Marder et al.
210 E. Pine Street, Suite 500 210 E. Pine Street, Suite 500
Orlando, FL 32801 Orlando, FL 32801

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07232004

Chg-P

CR2E034 (10/03)

4. FEI Number
76-0743670

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAY, N. DWAYNE JR.
201 EAST PINE STREET, SUITE 500
ORLANDO, FLORIDA 32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Wayne Gray Jr.*

(NOTE: Registered Agent signature required when reinstating)

8/24/04
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Fabrizio Lucchese, P/D ☐ Delete
105 W. Beaver Creek Unit 9 & 10
Richmond Hill, Ontario, Canada

TITLE NAME STREET ADDRESS CITY-ST-ZIP
100040826181 Change ☐ Addition
09/07/04--01005--001 **150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP
William Myers -VP ☐ Delete
105 W. Beaver Creek, Unit 9&10
Richmond Hill, Ontario Canada

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

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: *Wayne Gray Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/04 407-425-6559
Date Daytime Phone #