

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
May 03, 2005 8:00 am
Secretary of State**

05-03-2005 90166 047 ***150.00

DOCUMENT # P98000052673	
1. Entity Name	
LIGHTHOUSE FINANCIAL GROUP OF ILLINOIS, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4300 WEST CYPRESS STREET Suite, Apt. #, etc. SUITE 800 City & State TAMPA, FL		3. Mailing Address P.O. BOX 18512 Suite, Apt. #, etc. City & State TAMPA, FL	
Zip 33607	Country USA	Zip 33679	Country USA

4. FEI Number 36-4233504	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name ANDREW J MAY	
Street Address (P.O. Box Number is Not Acceptable) 4300 WEST CYPRESS STREET SUITE 800	
City TAMPA	FL Zip Code 33607

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 _____

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, T, D ANDREW J. MAY 4300 WEST CYPRESS ST SUITE 800 TAMPA, FL 33607	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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

ANDREW J. MAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2005

Date

(813) 637-8305

Daytime Phone #