

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000067806 1. Entity Name COVERED BRIDGE LAKE PLACID, LLC	
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Principal Place of Business 599 SUNSET POINTE DRIVE LAKE PLACID, FL 33852	Mailing Address 599 SUNSET POINTE DRIVE LAKE PLACID, FL 33852
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DO NOT WRITE IN THIS SPACE



03092006 No Chg-LLC CR2ED83 (11/05)

4. FEI Number 55-0883905	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**ELLIS, SETH E ESQ.
C/O SETH E. ELLIS, P.A.
2385 EXECUTIVE CENTER DRIVE, SUITE 190
BOCA RATON, FL 33431**

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IN THIS SPACE**

6. 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)

**Filing Fee is \$50.00
Due by May 1, 2006**

04/26/06-80007-018 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEBLANC, KENNETH 599 SUNSET POINTE DRIVE LAKE PLACID, FL 33852
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11. 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 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 605, Florida Statutes.

SIGNATURE:  **4/7/06 8636102202**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #