

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

120  
**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000000212**

1. Entity Name  
**SHADOW LAKE DEVELOPMENT LLC**



Principal Place of Business

**12765 W. FOREST HILL BOULEVARD, STE 1307  
WELLINGTON, FL 33414**

Mailing Address

**12765 W. FOREST HILL BOULEVARD, STE 1307  
WELLINGTON, FL 33414**



04232008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2356605**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JEFFREY A. DEUTCH, P.A.  
7777 GLADES ROAD, SUITE 300  
BOCA RATON, FL 33434**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000942075  
05/29/08-80004-023 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
FIRST BAINBRIDGE DEVELOPMENT LLC  
12765 W. FOREST HILL BOULEVARD, STE 1307  
WELLINGTON, FL 33414**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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IN THIS SPACE**

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 608, Florida Statutes.

**SIGNATURE:**

**Rick Giles 4/29/08 561-333-3669**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #