

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014465

FILED
Apr 10, 2008
Secretary of State

Entity Name: EMBERS LAKE ESTATES, L.L.C.

Current Principal Place of Business:

940 CAPE MARCO DR.
SUITE # 502
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

2200 FRONT ST.
MANCHESTER, NH 03102

New Mailing Address:

940 CAPE MARCO DR.
SUITE # 502
MARCO ISLAND, FL 34145

FEI Number: 06-1633650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LETENDRE, RICHARD P
940 CAPE MARCO DR.
SUITE # 502
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LETENDRE, RICHARD P
Address: 2200 FRONT ST
City-St-Zip: MANCHESTER, NH 03102

Title: MGRM () Delete
Name: LETENDRE, RUSSELL R
Address: 3 MERLOT CT.
City-St-Zip: BEDFORD, NH 03110

Title: MGRM () Delete
Name: ROBERTS, CYNTHIA J
Address: 101 W. RIVER RD.
City-St-Zip: HOOKSETT, NH 03106

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD P. LETENDRE

MGR.

04/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date