

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000002870

1. Entity Name
MIRROR LAKES, LLC



Principal Place of Business
**PO BOX 510550
PUNTA GORDA, FL 33951-0550**

Mailing Address
**PO BOX 510550
PUNTA GORDA, FL 33951-0550**



01132005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3597776

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCKINLEY, MICHAEL R ESQ.
18401 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948**

**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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BISHOP, BRAD
12577 SW KINGSWAY CIRCLE
LAKE SUZY, FL 34269**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DAVIS, GEORGE M JR.
3801 HENRY STREET
PUNTA GORDA, FL 33982**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HERSTON, JAMES W
992 TAMiami TRAIL #1
PORT CHARLOTTE, FL 33953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TREWORGY, MIKE
6161 RIVERSIDE DRIVE
PUNTA GORDA, FL 339821555**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000264149
03/16/05-80004-002 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

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

3/14/05

Date

941-505-2141

Daytime Phone #