

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90185 019 ****50.00

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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**

20007208



01242006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3597776	Applied For Not Applicable
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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, 2006**

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	

**DO NOT WRITE
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: _____

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

Date

Daytime Phone #

2/8/2006

941/505-2141