2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L02000009930

1. Entity Name BRIDGEPORT LAKES, LLC



FILED Apr 20, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

100 SOUTH KENTUCKY AVENUE, SUITE 215 LAKELAND, FL 33801

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DO NOT WRITE IN THIS SPACE

03202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 74-3041261

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORP, T. MIMS 100 SOUTH KENTUCKY AVE STE 215 LAKELAND, FL 33801

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	iging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agont signature required when reinstating)	DATE
Fi Do	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		,
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM CORP, T. MIMS 100 SOUTH KENTUCKY AVE STE 215 LAKELAND, FL 33801		U00000520261 05/02/06-80087-009 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC	NOT WRITE
TITLE Name Street address City-St-Zip		IN	IN THIS SPACE
TITLE NAME			•

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP

By:

T. Mims

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

1-17-0863) 683-9297

Daytime Phone #