

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90231 009 ****50.00

DOCUMENT # L03000001668

1. Entity Name
BRIGHT LAKE ESTATES, L.L.C.



Principal Place of Business
**11102 LAKE MINNEOLA SHORES
CLERMONT, FL 34711**

Mailing Address
**5250 CARTER RD
LAKE MARY, FL 32746**

20010007

2. Principal Place of Business

16405 West Hwy 50
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 120355
Suite, Apt. #, etc.

01312006 Chg-LLC CR2E083 (11/05)

City & State

OAKLAND, FL

City & State

Clermont, FL

4. FEI Number **02-0642963**
NOT APPLICABLE

Applied For
Not Applicable

Zip

34787

Country

US

Zip

34712

Country

US

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SEIBEL, MATTHEW
5250 CARTER RD
LAKE MARY, FL 32746**

7. Name and Address of New Registered Agent

Name **Randall B. Langley**
Street Address (P.O. Box Number is Not Acceptable)

16405 W. Hwy 50

City **Oakland**

FL

Zip Code

34787

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]
Signature of registered agent or authorized representative and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/06

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **LANGLEY, RANDALL B**
STREET ADDRESS **P.O. BOX 120355**
CITY-ST-ZIP **CLERMONT, FL 34712**

TITLE **MGRM** ☐ Delete
NAME **SEIBEL, MATTHEW A**
STREET ADDRESS **5250 CARTER RD**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/20/06
Date

4076548675
Daytime Phone #