


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90132 034 \*\*\*143.75

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>DOCUMENT # L03000001668</b>  |   |   |   |                                  |  |
| <b>1. Entity Name</b><br>BRIGHT LAKE ESTATES, L.L.C.  |   |   |   |   |  |
| <b>Principal Place of Business</b><br>16405 W HWY 50<br>WINTER GARDEN, FL 34787   |   |   | <b>Mailing Address</b><br>PO BOX 120355<br>CLERMONT, FL 34712 |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>16405 W. COLONIAL DRIVE  |   | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.  |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |   |  |
| <b>City &amp; State</b><br>OAKLAND, FL  |   | <b>City &amp; State</b>   |   | <b>4. FEI Number</b><br>02-0642963  |  |
| <b>Zip</b><br>34787   |   | <b>Country</b>  |   | <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>LANGLEY, RANDALL B<br>16405 W HWY 50<br>WINTER GARDEN, FL 34787   |   | <b>7. Name and Address of New Registered Agent</b><br>Name: LANGLEY, RANDALL B.<br>Street Address (P.O. Box Number is Not Acceptable):<br>16405 W. COLONIAL DRIVE<br>City: OAKLAND FL Zip Code: 34787 |   |   |  |
| <b>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.</b>  |   |   |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>   |   | <b>Make check payable to</b><br><b>Florida Department of State</b>  |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |   | <b>10. ADDITIONS/CHANGES</b>                                  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGRM<br>LANGLEY, RANDALL B<br>P.O. BOX 120355<br>CLERMONT, FL 34712 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGRM<br>SEIBEL, MATTHEW A<br>5250 CARTER RD<br>LAKE MARY, FL 32746  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete                                     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete                                     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete                                     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete                                     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>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.</b> |   |   |   |   |  |
| <b>SIGNATURE:</b> _____   |   |   | Date: 2-22-08 Daytime Phone #: (407) 654-8675                 |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |   |   |   |  |