

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90056 039 ***111.25

DOCUMENT # L03000008171

1. Entity Name
CALOOSA LAKES, LLC



Principal Place of Business
**9220 BONITA BEACH RD.
SUITE 215
BONITA SPRINGS, FL 34135**

Mailing Address
**9220 BONITA BEACH RD.
SUITE 215
BONITA SPRINGS, FL 34135**

20000662



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
03-0529200

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSBOROUGH, KAREN
9220 BONITA BEACH RD., #215
BONITA SPRINGS, FL 34135**

Name **Denise A. Sparta**

Street Address (P.O. Box Number is Not Acceptable)

9220 Bonita Beach Rd. Ste 215

City **Bonita Springs**

FL

Zip Code **34135**

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 **Denise A. Sparta**

Denise A. Sparta

1/12/06

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**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SAUNDY ASSOCIATES, INC
8310 BIG ACORN CIR #1001
NAPLES, FL 34119** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
Saundry Associates, Inc.
9220 Bonita Beach Rd. Ste 215
Bonita Springs, FL 34135** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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: **Kenneth J. Sparta**

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

1/12/2006

Date

Daytime Phone #