

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90020 005 ****50.00

DOCUMENT # L03000021736

1. Entity Name
COPPER RIDGE POINTE, LLC



Principal Place of Business
**710 OVERLOOK DRIVE
WINTER HAVEN, FL 33884**

Mailing Address
**710 OVERLOOK DRIVE
WINTER HAVEN, FL 33884**

24004046

2. Principal Place of Business

3. Mailing Address

295 First Street S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

Winter Haven, FL

4. FEI Number

59-3748821

Applied For

Not Applicable

Zip

Country

Zip

33880

Country

USA

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

**CASSIDY, ALBERT B
710 OVERLOOK DRIVE
WINTER HAVEN, FL 33884**

Name

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

City

FL

Zip Code

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, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HIGHLAND CASSIDY, LLC
710 OVERLOOK DRIVE
WINTER HAVEN, FL 33884** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
THE STRWBRIDGE GROUP, INC.
5210 SOUTH LAKELAND DRIVE
LAKELAND, FL 33813** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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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 exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

1-6-04

863-324-3698