

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90155 037 ****50.00

DOCUMENT # L03000021736

1. Entity Name
COPPER RIDGE POINTE, LLC



Principal Place of Business
**295 FIRST ST S
WINTER HAVEN, FL 33880**

Mailing Address
**295 FIRST ST S
WINTER HAVEN, FL 33880**

20006363



01262005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3748821

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CASSIDY, ALBERT B
295 1ST STREET SOUTH
WINTER HAVEN, FL 33880**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HIGHLAND CASSIDY, LLC
STREET ADDRESS	295 FIRST ST S
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	MGRM
NAME	THE STRWBRIDGE GROUP, INC.
STREET ADDRESS	2015 SOUTH LAKE LAKELAND DRIVE 5120 S Lakeland
CITY-ST-ZIP	LAKELAND, FL 33813 Dr. Ste 2
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

1/28/05

Date

863 324-3698

Daytime Phone #