

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022555

Entity Name: BRIGADOON ESTATES, LLC

FILED  
May 15, 2008  
Secretary of State

**Current Principal Place of Business:**

28462 ALTESSA WAY, 202  
BONTIA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

12870 TRADE WAY FOUR 108  
PMB 284  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

FEI Number: 20-0065819      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HARRIS, WILLIAM  
3935 MUIRFIELD BOULEVARD, EAST  
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

HARRIS, WILLIAM  
28462 ALTESSA WAY, 202  
BONITA SPRINGS, FL 34135 US

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.

SIGNATURE: WILLIAM R. HARRIS

05/15/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HARRIS, WILLIAM R  
Address: 3935 MUIRFIELD BLVD EAST  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HARRIS, WILLIAM R  
Address: 28462 ALTESSA WAY, 202  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM R HARRIS

MGRM

05/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date