2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State
03-29-2006 90021 019 ****50.00

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1. Entity Name
BROOKE LAKES, L.L.C.

20022382

Principal Place of Business	Mailing Address
5529 U.S. HIGHWAY 98 NORTH LAKELAND, FL 33809	5529 U.S. HIGHWAY 98 NORTH LAKELAND, FL 33809

01062006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-2013742
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAUNDERS, JOE L
5529 U.S. HIGHWAY 98 NORTH
LAKELAND, FL 33809

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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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SAUNDERS, JOE L
STREET ADDRESS	5529 U.S. HIGHWAY 98 NORTH
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	MGRM
NAME	~~WILHITERY~~, KENNETH F WILHELM
STREET ADDRESS	5529 US HWY 98 N
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	MGRM
NAME	SAUNDERS, LEE
STREET ADDRESS	5529 US HWY 98 N
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3-17-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #