

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000000662

1. Entity Name
COACH LIGHT VILLA, L.L.C.



Principal Place of Business
1900 S. LAKE REEDY BLVD.
FROSTPROOF, FL 33843

Mailing Address
1900 S. LAKE REEDY BLVD.
FROSTPROOF, FL 33843



03202006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ASHCRAFT, ALAN S CPA
246 LAKE DAMON DRIVE
AVON PARK, FL 32825

**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, 2006**

000000477603
04/06/06-80057-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SMITH, GERALD D
STREET ADDRESS	1900 S. LAKE REEDY BLVD.
CITY - ST - ZIP	FROSTPROOF, FL 33843

TITLE	MGRM
NAME	SMITH, BRENDA L
STREET ADDRESS	1900 S. LAKE REEDY BLVD.
CITY - ST - ZIP	FROSTPROOF, FL 33843

TITLE	
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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 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: Brenda L. Smith Brenda L. Smith 3/20/06 863-635-3143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #