


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Mar 16, 2006 08:00 AM  
Secretary of State**

|  |   |
|--|---|
| DOCUMENT # L04000010484<br>1. Entity Name<br>SECOND BURNT STORE LAKES INVESTMENT LLC |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>5232 PELICAN BLVD.<br>CAPE CORAL, FL 33914 | Mailing Address<br>5232 PELICAN BLVD.<br>CAPE CORAL, FL 33914 |
|---|---|



03132006 No Chg-LLC      CR2E063 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br>43-2043124                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

TALWAR, SUNIL  
5232 PELICAN BLVD.  
CAPE CORAL, FL 33914

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_


**Filing Fee is \$50.00  
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>CANEVARI, JAMES A<br>2 LOVATT ST<br>NORWALK, CT 06851               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>TALWAR, SUNIL TRUSTEE<br>5332 PELICAN BLVD.<br>CAPE CORAL, FL 33914 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

000000469668  
03/27/06-80010-001 50.00

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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:       **James A. Canevari CPA**  
2 Lovatt Street  
Norwalk, CT 06851

Date: 3/13/06      Daytime Phone #: 203-849-0887