

**2006 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

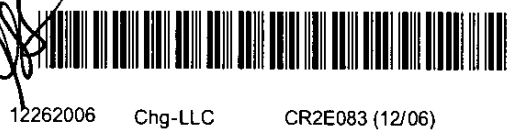
06 DEC 29 AM 8:29



DOCUMENT # L04000010484
1. Entity Name
SECOND BURNT STORE LAKES INVESTMENT LLC

Principal Place of Business: 5232 PELICAN BLVD. CAPE CORAL, FL 33914
Mailing Address: 5232 PELICAN BLVD. CAPE CORAL, FL 33914

2. Principal Place of Business - No P.O. Box #: 3881 WILD ORCHID CT
3. Mailing Address: 3881 WILD ORCHID CT
Suite, Apt. #, etc.



City & State: NORTH POFT, FL
Zip: 34287
Country

4. FEI Number: 43-2043124
Applied For: Not Applicable
5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
TALWAR, SUNIL
5232 PELICAN BLVD
CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent
Name: Nancy DANTONIO
Street Address (P.O. Box Number is Not Acceptable): 3881 WILD ORCHID CT
City: NORTH POFT FL Zip Code: 34287

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: Nancy DAntonio (circled) DATE: 12/26/06
(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00
Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGRM NAME: CANEVARI, JAMES A STREET ADDRESS: 2 LOVATT ST CITY-ST-ZIP: NORWALK, CT 06851	<input type="checkbox"/> Delete
TITLE: MGRM NAME: TALWAR, SUNIL TRUSTEE STREET ADDRESS: 5332 PELICAN BLVD. CITY-ST-ZIP: CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 James A. Canevari 12/26/06 25849 0887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #