

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000010485

1. Entity Name
FIRST BURNT STORE LAKES INVESTMENT LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 8:29

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
Suite, Apt. #, etc.

3. Mailing Address

3881 WILD ORCHID CT
Suite, Apt. #, etc.

12262006 Chg-LLC CR2E083 (12/06)

City & State

NORTH PORT FL

City & State

NORTH PORT, FL

4. FEI Number
43-2043119

Applied For
Not Applicable

Zip
34287

Country

Zip
34287

Country

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 PORT 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 NANCY DANTONIO 12/26/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME CANEVARI, JAMES A ☐ Delete
STREET ADDRESS 2 LOVATT ST
CITY-ST-ZIP NORWALK, CT 06851

TITLE ☐ Change ☐ Addition
NAME 500082822415
STREET ADDRESS 12/28/06--01038--004 **50.00
CITY-ST-ZIP

TITLE MGRM
NAME TALWAR, SUNIL TRUSTEE ☒ Delete
STREET ADDRESS 5332 PELICAN BLVD.
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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. Canevan James A. CANEVAN 12/26/06 203-849-0887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #