2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000010485

1. Entity Name

FIRST BURNT STORE LAKES INVESTMENT LLC



Mailing Address

3881 WILD ORCHID CT NORTH PORT, FL 34287

Principal Place of Business

3881 WILD ORCHID CT NORTH PORT, FL 34287

FILED Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90058 050 ****50.00



DO NOT WRITE IN THIS SPACE

01112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 43-2043119

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6.	Name and Ad	ldress of	Current R	eaistered Agent

DANTONIIO, NANCY 3881 WILD ORHCID CT NORTH PORT, FL 34287

DO NOT WRITE IN THIS SPACE

	3 ° - √ 1		
	named entity submits this statement for the purpose of chan- ions of registered agent.	ging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURESignature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CANEVARI, JAMES A 2 LOVATT ST NORWALK, CT 06851		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby indicated	certify that the information supplied with this filing does not on this report is true and accurate and that my signature st	qualify for the exemptions contained in Chapter 1:	19, Florida Statutes. I further certify that the information path; that I am a managing member or manager of the

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/47/3.7 203-644-0553 Date Daytime Phone #