

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000010485

1. Entity Name
FIRST BURNT STORE LAKES INVESTMENT LLC



FILED
Jan 14, 2008 08:00 AM
Secretary of State

Principal Place of Business
3881 WILD ORCHID CT
NORTH PORT, FL 34287

Mailing Address
3881 WILD ORCHID CT
NORTH PORT, FL 34287



01062008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-2043119

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DANTONIO, NANCY
3881 WILD ORCHID CT
NORTH PORT, FL 34287

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000784780

01/16/08-80070-005 138.75
01/16/08-80070-005 138.75

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

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CITY - ST - ZIP

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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: _____

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

01/09/08

Date

Daytime Phone #