## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L04000019550**

1. Entity Name
BRIGHT ISLAND PROPERTIES, LLC

FILED Feb 01, 2006 08:00 AM Secretary of State

Principal Place of Business

28372 COUNTY RD. LITTLE TORCH KEY, FL 33042 Mailing Address

28372 COUNTY RD. LITTLE TORCH KEY, FL 33042



DO NOT WRITE IN THIS SPACE

01302006No Chg-LLC CR

CR2E083 (11/05)

4. FEI Number 90-0169674

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRIGHT, FRANK E 28372 COUNTY RD. LITTLE TORCH KEY, FL 33042

## 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 trille if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE

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

U00000413496 02/10/06-80087-023 50.00

9.	MANAĞINĞ MEMBERS/MANAĞERS	
TITLE	MGRM	
NAME	BRIGHT, FRANK E	
STREET ADDRESS	28372 COUNTY RD.	
CITY-ST-ZIP	LITTLE TORCH KEY, FL 33042	
TITLE	MGRM	
NAME	BRIGHT, DEBRA J	
STREET ADDRESS	28372 COUNTY RD.	
C(TY-ST-ZIP	LITTLE TORCH KEY, FL 33042	
TITLE	MGRM	
NAME	BRIGHT, JOSEPH J	
STREET ADDRESS	28372 COUNTY RD.	
CITY-ST-ZIP	LITTLE TORCH KEY, FL 33042	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
City-St-Zip		

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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

1/29/06

Daytime Phone €