

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000019702

1. Entity Name
THIRD 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.

[Handwritten signature]



12262006 Chg-LLC CR2E083 (12/06)

City & State

NORTH PORT FL

Zip

34287

Country

City & State

NORTH PORT FL

Zip

34287

Country

4. FEI Number

81-0646394

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 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

[Handwritten signature: Nancy DAntonio]

Signature, typed or printed name of registered agent and title if applicable.

[Handwritten signature: Nancy DAntonio]

(NOTE: Registered Agent signature required when reinstating)

12/26/06

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TALWAR, SUNIL TRUSTEE
5232 PELICAN BOULEVARD
CAPE CORAL, FL 33914 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100082822371
12/28/06--01038--002 **50.00

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

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CITY-ST-ZIP
☐ Change ☐ 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:

[Handwritten signature: James A. Canvari]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/26/06

DATE

203-849-0887

Daytime Phone #