

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 30, 2005 8:00 am**  
**Secretary of State**

06-30-2005 90084 008 \*\*\*\*50.00

**DOCUMENT # L04000019704**

**1. Entity Name**  
**FOURTH BURNT STORE LAKES INVESTMENT LLC**



**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**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06272005 Chg-LLC CR2E083 (10/03)

**4. FEI Number**

**81-0646396**

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

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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

**Filing Fee is \$50.00  
Due by September 7, 2005**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** MGRM ☐ Delete  
**NAME** TALWAR, SUNIL TRUSTEE  
**STREET ADDRESS** 2 LOVATT ST  
**CITY-ST-ZIP** NORWALK, CT 06851

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**10. ADDITIONS/CHANGES**

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

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

**TITLE** ☐ Change ☐ Addition  
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**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 exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**James A. Canevari CPA**  
**2 Lovatt Street**  
**Norwalk, CT 06851**

**6/23/05**

**203-849-0807**

Date

Daytime Phone #