


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000019704		
1. Entity Name FOURTH 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.
--	--



12272006 Chg-LLC CR2E083 (12/06)

City & State NORTH PORT, FL Zip 34287	Country	City & State NORTH PORT, FL Zip 34287	Country
--	---------	--	---------

4. FEI Number 81-0646396	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$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 obligation of registered agent.	
SIGNATURE Nancy Dantonio Signature, typed or printed name of registered agent and title if applicable.	DATE 12/20/06 (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00	Make check payable to Florida Department of State
-----------------------	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TALWAR, SUNIL TRUSTEE 5232 PELICAN BOULEVARD CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CANEVARI, JAMES A 2 LOVATT ST NORWALK, CT 06851 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: James A. Canavari SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 12/20/07 Date	DAYTIME PHONE 203 849 0857 Daytime Phone #
--	--------------------------	--