2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000038431

BRIGHTWATERS INVESTMENT GROUP, LLC



Principal Place of Business

5051 66TH STREET N. ST. PETERSBURG, FL 33709 Mailing Address

5051 66TH STREET N. ST. PETERSBURG, FL 33709

FILED Feb 01, 2008 08:00 AN Secretary of State



01042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1143779 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SOUTHEY, ROBERT G 101 E. KENNEDY BLVD., SUITE 2700 TAMPA, FL 33602-5130

DO NOT WRITE IN THIS SPACE

| The above named entity submits this statement for the purpose of ct the obligations of registered agent. | nanging its registered office or registered agent, or both, in | the State of Florida. I am familiar with, and accept |
|--|--|--|
| 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

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------|---|
| TITLE | MGRM |
| NAME | LESTINI, JOHN R |
| STREET ADDRESS | 3900 14TH ST NE |
| CITY-SI-ZIP | SAINT PETERSBURG, FL 33703 |
| TITLE | MGRM |
| NAME | GROSS, ROBERT |
| STREET ADDRESS | 7697 HUNTER LANE |
| CITY-ST-ZIP | PINELLAS PARK, FL 33782 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | • |
| NAME | |
| STREET ADDRESS | - 1 ~ 45 kg . |
| CITY-ST-ZIP | 海線 。在 |
| TITLE | |
| NAME . | |
| STREET ADDRESS | |
| CITY-ST-ZIP: * | |
| 44 Lharabu | codely that the information complied with this filing door not qualify for the or |

DO NOT WRITE IN THIS SPACE

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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver option see empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the receiver or

SIGNATURE: 1

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #