

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083612

FILED
Apr 27, 2006
Secretary of State

Entity Name: PUTNAM LAKE ESTATES, LLC

Current Principal Place of Business:

1019 FORT SALONGA ROAD
SUITE 10 #121
NORTHPORT, NY 11768 US

New Principal Place of Business:

Current Mailing Address:

1019 FORT SALONGA ROAD
SUITE 10 #121
NORTHPORT, NY 11768 US

New Mailing Address:

FEI Number: 20-3402636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALLSTATE CORPORATE SERVICES CORP.
653 WEST 23RD STREET
SUITE 229
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCMAHON, SUZANN
Address: 1019 FORT SALONGA ROAD, SUITE 10 #121
City-St-Zip: NORTHPORT, NY 11768 US

Title: MGRM () Delete
Name: DEPPLITO, KAREN
Address: 1019 FORT SALONGA ROAD, SUITE 10 #121
City-St-Zip: NORTHPORT, NY 11768 NY

Title: MGRM () Delete
Name: TAST, PETER
Address: 1900 HEMPSTEAD TPKE, SUITE 401
City-St-Zip: EAST MEADOW, NY 11554 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUZANN MCMAHON

MGMR

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date