

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90076 042 ****50.00

DOCUMENT # L05000093474

1. Entity Name
BRESCOTT PROPERTIES LLC



Principal Place of Business

11660 SPOONBILL LANE
FORT MYERS, FL 33913

Mailing Address

11660 SPOONBILL LANE
FORT MYERS, FL 33913

DO NOT WRITE IN THIS SPACE



0424210/No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3513969

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOOD, RONALD L
11660 SPOONBILL LANE
FORT MYERS, FL 33913

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IN THIS SPACE**

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 agent, date, and address

Signature, typed or printed name of authorized representative

Date

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
MGRM
GOOD, RONALD L
11660 SPOONBILL LANE
FORT MYERS, FL 33913

TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
MGRM
GOOD, LINDA W
11660 SPOONBILL LANE
FORT MYERS, FL 33913

TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

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11. I hereby certify that the information reported on this filing does not qualify for the exemptions contained in Chapter 110, 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 authorized to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE: *Ronald L. Good* **RONALD L. GOOD** 4/26/07 466-7577 (239)
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE