

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90046 003 ****55.00

DOCUMENT # L05000114637

1. Entity Name
LIGHTFOOT PROPERTY MANAGEMENT LLC



Principal Place of Business
**1513 STATE ROAD 559
POLK CITY, FL 33868**

Mailing Address
**1513 STATE ROAD 559
POLK CITY, FL 33868**

2. Principal Place of Business

3. Mailing Address
PO Box 405

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Polk City, FL

Zip

Country

Zip
33868

Country

02082006 Chg-LLC CR2E083 (11/05)

4. FEI Number
03-0587210

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**LIGHTFOOT, CHRISTOPHER S
1513 STATE ROAD 559
POLK CITY, FL 33868**

7. Name and Address of New Registered Agent

Name **Lightfoot, Christopher S**

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 May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **LIGHTFOOT, CHRISTOPHER S**
STREET ADDRESS **1513 STATE ROAD 559**
CITY-ST-ZIP **POLK CITY, FL 33868**

TITLE **MGR** ☐ Delete
NAME **LIGHTFOOT, JULIE E**
STREET ADDRESS **1513 STATE ROAD 559**
CITY-ST-ZIP **POLK CITY, FL 33868**

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 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: **Julie E. Lightfoot** **Julie E. Lightfoot** **4/13/06** **863.513.3681**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #