

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90141 027 \*\*\*\*50.00

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<b>DOCUMENT # L05000116806</b> 1. Entity Name <b>BRIGHTON RIDGE, LLC</b>					
Principal Place of Business <b>295 FIRST STREET SOUTH WINTER HAVEN, FL 33880</b>			Mailing Address <b>295 FIRST STREET SOUTH WINTER HAVEN, FL 33880</b>		
2. Principal Place of Business <b>250 Ave. K SW</b>		3. Mailing Address <b>250 Ave. K SW</b>			
Suite, Apt. #, etc. <b>100</b>		Suite, Apt. #, etc. <b>100</b>			
City & State <b>Winter Haven, FL</b>		City & State <b>Winter Haven, FL</b>			
Zip <b>33880</b>		Country <b>USA</b>		Zip <b>33880</b>	
Country <b>USA</b>		4. FEI Number <b>20-3939093</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BRINSON, J. KEMP 255 MAGNOLIA AVE., S.W. WINTER HAVEN, FL 33880</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <span style="float: right; text-align: right;">2/7/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CASSIDY, PETER E 295 FIRST STREET SOUTH WINTER HAVEN, FL 33880</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Peter E. Cassidy 250 Ave. K SW Ste. 100 Winter Haven, FL 33880</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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.					
<b>SIGNATURE:</b>			2/7/06		863-508-1062
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>