

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**PENDING**

L05000116806


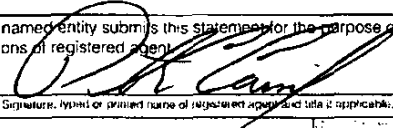
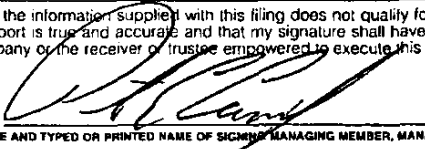
FILED

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 17 AM 9:24



1st MOORE CR2E083 (10/05)

<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 Avenue K SW</b> Suite, Apt. #, etc.		3. Mailing Address <b>250 Avenue K SW</b> Suite, Apt. #, etc.	
City & State <b>Winter Haven, FL</b> Zip <b>33880</b> Country <b>USA</b>		City & State <b>Winter Haven, FL</b> Zip <b>33880</b> Country <b>USA</b>	
4. FEI Number <b>20-3939093</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
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  DATE <b>2/28/06</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when filing statement.)</small>			
<b>FILE NOW!!! FEE IS \$50.00.</b> <b>Make Check Payable to Florida Department of State.</b> <b>Due By May 1, 2006</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASSIDY, PETER E 295 FIRST STREET SOUTH WINTER HAVEN FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Peter E. Cassidy 250 Avenue K, SW Winter Haven, FL 33880 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		Date <b>2/28/06</b> Daytime Phone # <b>813-508-1062</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			