

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State

04-30-2007 90063 029 ****50.00

DOCUMENT # L06000085180 1. Entity Name BRIGHTWATER HOLDINGS, LLC					
Principal Place of Business 4327 S. HIGHWAY 27-SUITE 306 CLERMONT, FL 34711			Mailing Address 4327 S. HIGHWAY 27-SUITE 306 CLERMONT, FL 34711		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-5435770	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LAVELLE, PATRICIA 1601 JOHNS LAKE RD # 735 CLERMONT, FL 34711			7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUNNINGHAM, ANDREW 1601 JOHNS LAKE RD # 735 CLERMONT, FL 34711	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STANTON, THOMAS 1601 JOHNS LAKE RD # 735 CLERMONT, FL 34711	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNANDEZ, KATHLEEN 31 WOODLAND DRIVE KINGS PARK, NY 11754	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAVELLE, PATRICIA 1601 JOHNS LAKE RD #735 CLEMONT, FL 34711	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUGAL, RICHARD 140 CYLIS CARTER ROAD MANORVILLE, NY 11949	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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: <u>Patricia Lavelle</u> Date: <u>4/16/07</u>					