


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90039 014 \*\*\*\*55.00

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| DOCUMENT # M05000000212  |   |  |  |  |  |
| 1. Entity Name<br><b>SHADOW LAKE DEVELOPMENT LLC</b>   |   |  |  |   |  |
| Principal Place of Business<br>12765 W. FOREST HILL BOULEVARD, STE 1307<br>WELLINGTON, FL 33414  |   |  | Mailing Address<br>12765 W. FOREST HILL BOULEVARD, STE 1307<br>WELLINGTON, FL 33414  |   |  |
| 2. Principal Place of Business   |   | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |   |  |
| City & State   |   | City & State   |  |   |  |
| Zip  |   | Country  |  | Zip   |  |
|  |   |  |  | Country   |  |
| <div style="display: flex; justify-content: space-between;"> <span>03202006 Chg-LLC CR2E083 (11/05)</span> <div style="border: 1px solid black; padding: 2px;">             4. FEI Number<br/> <b>20-2356605</b> </div> <div style="border: 1px solid black; padding: 2px;">             Applied For<br/> <input type="checkbox"/> Not Applicable           </div> </div>  |   |  |  |   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required   |   |  |  |   |  |
| 6. Name and Address of Current Registered Agent  |   |  | 7. Name and Address of New Registered Agent  |   |  |
| JEFFREY A. DEUTCH, P.A.<br>7777 GLADES ROAD, SUITE 300<br>BOCA RATON, FL 33434   |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 reinstating) DATE _____  |   |  |  |   |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2006</b>  |   | <b>Make check payable to</b><br><b>Florida Department of State</b> |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>FIRST BAINBRIDGE DEVELOPMENT LLC<br>12765 W. FOREST HILL BOULEVARD, STE 1307<br>WELLINGTON, FL 33414 <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: _____   |   |  | Thomas J. Keady 4/20/06 561-333-3669   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |  | Date Daytime Phone #   |   |  |