

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED** 120  
**May 01, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # M05000000212**

1. Entity Name  
**SHADOW LAKE DEVELOPMENT LLC**



Principal Place of Business

**12765 W. FOREST HILL BOULEVARD, STE 1307  
WELLINGTON, FL 33414**

Mailing Address

**12765 W. FOREST HILL BOULEVARD, STE 1307  
WELLINGTON, FL 33414**



04202007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2356605**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**JEFFREY A. DEUTCH, P.A.  
7777 GLADES ROAD, SUITE 300  
BOCA RATON, FL 33434**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
FIRST BAINBRIDGE DEVELOPMENT LLC  
12765 W. FOREST HILL BOULEVARD, STE 1307  
WELLINGTON, FL 33414**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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05/21/07-80008-024 55.00

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**

**4/24/07**

**561-333-3669**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #