

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M98000000326

1. Entity Name
BRIGHTWOOD MANOR, L.L.C.



Principal Place of Business

**838 KELLY PARK RD.
APOPKA, FL 32712**

Mailing Address

**COOK COMPANIES
1826 S. MAIN ST.
AKRON, OH 44301**



01062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1867171

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COOK, JAMES L
7100 SUNSET WAY PH7
ST PETE BEACH, FL 33706**

**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, 2006**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	COOK, JAMES L
STREET ADDRESS	7100 SUNSET WAY PH7
CITY-ST-ZIP	ST PETE BEACH, FL 33706
TITLE	MGRM
NAME	COOK, DAVID L
STREET ADDRESS	1826 S. MAIN ST.
CITY-ST-ZIP	AKRON, OH 44301
TITLE	MGRM
NAME	WOLFE, TERRY W
STREET ADDRESS	1826 S. MAIN ST.
CITY-ST-ZIP	AKRON, OH 44301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000388921
01/20/06-80021-023 50.00

**DO NOT WRITE
IN THIS SPACE**

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

TERRY W. WOLFE

SIGNATURE: _____

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

1/10/06

Date

330-773-3351

Daytime Phone #