

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000623

**FILED**  
**Feb 07, 2007**  
**Secretary of State**

**Entity Name:** RIVER RANCH AMENITIES, L.L.C.

**Current Principal Place of Business:**

5601 WINDHOVER DR.  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

5601 WINDHOVER DR.  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARDER, MICHAEL E ESQ.  
GREENSPOON, MARDER, HIRSCHFELD ET AL  
135 WEST CENTRAL BLVD., STE. 1100  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

MARDER, MICHAEL E ESQ.  
CAPITAL PLAZA I  
201 E PINE ST, STE 500  
ORLANDO, FL 32801 US

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.

SIGNATURE: \_\_\_\_\_ 02/07/2007  
Electronic Signature of Registered Agent                      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CENTRAL FLORIDA INVE, STMENTS, INC.  
Address: 5601 WINDHOVER DR.  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 F. DUGAN                      TREA                      02/07/2007  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date