## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 05, 2005 08:00 AM Secretary of State

			<u> </u>	Secretary of Stat	
DOCUMENT # L02000023854  1. Entity Name HERITAGE ON THE RIVER, LLC				Secretary of Stat	
Principal Place of Business 4375 CONFEDERATE POINT ROAD JACKSONVILLE, FL 32210		Mailing Address 12350 JEFFERSON AVENUE SUITE 130 NEWPORT NEWS, VA 23602			
DO NOT WRITE IN THIS SPAC			CE	02182005 No Chg-LLC CR2E083 (10/03)  4. FEI Number	
6. Name and Address of Current Registered Agent					
GREENFIELD, STEVEN B ESQ. 7000 W. PALMETTO PARK RD., SUITE 402 BOCA RATON, FL 33433				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 little if applicable (NOTE, Registered Agent signature required when reinstalling)  DATE					
Filing Fee is \$50.00 Due by May 1, 2005					
9.	MANAGING MEMBI	RS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERITAGE ON THE RIVER MA 12350 JEFFERSON AVE., SUIT NEWPORT NEWS, VA 23602		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	T ADDRESS			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST-ZIP		<u> </u>			
TITLE NAME STREET ADDRESS					

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 amp 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 AND TYPED OR PRINTED NAME