


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90121 033 \*\*\*138.75

**DOCUMENT # L04000072560**

1. Entity Name  
**RIVER GLEN INVESTMENTS, LLC**



Principal Place of Business      Mailing Address

**4315 PABLO OAKS COURT**      **4315 PABLO OAKS COURT**  
**SUITE 1**      **SUITE 1**  
**JACKSONVILLE, FL 32224-9667 US**      **JACKSONVILLE, FL 32224-9667 US**


2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**00067000**



04222008    Chg-LLC    CR2E083 (12/06)

4. FEI Number  
**20-1720407**      Applied For  
 Not Applicable

5. Certificate of Status Desired        \$5.00 Additional Fee Required

| 6. Name and Address of Current Registered Agent                                                                        | 7. Name and Address of New Registered Agent        |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>SLG MANAGEMENT SERVICES, LLC</b><br><b>4315 PABLO OAKS COURT</b><br><b>SUITE 1</b><br><b>JACKSONVILLE, FL 32224</b> | Name                                               |
|                                                                                                                        | Street Address (P.O. Box Number is Not Acceptable) |
|                                                                                                                        | City <b>FL</b> Zip Code                            |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
**Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS |                                |                                            | 10. ADDITIONS/CHANGES |                       |                                                                              |
|------------------------------|--------------------------------|--------------------------------------------|-----------------------|-----------------------|------------------------------------------------------------------------------|
| TITLE                        | MGR                            | <input checked="" type="checkbox"/> Delete | TITLE                 | PRES                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                         | SLG MANAGEMENT SERVICES, LLC   |                                            | NAME                  | Wugh H. Connerty Jr.  |                                                                              |
| STREET ADDRESS               | 4315 PABLO OAKS COURT, SUITE 1 |                                            | STREET ADDRESS        | 4315 Pablo Oaks Court |                                                                              |
| CITY-ST-ZIP                  | JACKSONVILLE, FL 322249667     |                                            | CITY-ST-ZIP           | Jacksonville FL 32224 |                                                                              |
| TITLE                        |                                | <input type="checkbox"/> Delete            | TITLE                 | VP                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                         |                                |                                            | NAME                  | John C. Kunkel        |                                                                              |
| STREET ADDRESS               |                                |                                            | STREET ADDRESS        | 4315 Pablo Oaks Court |                                                                              |
| CITY-ST-ZIP                  |                                |                                            | CITY-ST-ZIP           | Jacksonville FL 32224 |                                                                              |
| TITLE                        |                                | <input type="checkbox"/> Delete            | TITLE                 | VP                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                         |                                |                                            | NAME                  | John P. Moore         |                                                                              |
| STREET ADDRESS               |                                |                                            | STREET ADDRESS        | 4315 Pablo Oaks Court |                                                                              |
| CITY-ST-ZIP                  |                                |                                            | CITY-ST-ZIP           | Jacksonville FL 32224 |                                                                              |
| TITLE                        |                                | <input type="checkbox"/> Delete            | TITLE                 | UPS                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                         |                                |                                            | NAME                  | Mallory Gayle Wolm    |                                                                              |
| STREET ADDRESS               |                                |                                            | STREET ADDRESS        | 4315 Pablo Oaks Court |                                                                              |
| CITY-ST-ZIP                  |                                |                                            | CITY-ST-ZIP           | Jacksonville FL 32224 |                                                                              |
| TITLE                        |                                | <input type="checkbox"/> Delete            | TITLE                 | VPT                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                         |                                |                                            | NAME                  | Sharon W. Fredenhagen |                                                                              |
| STREET ADDRESS               |                                |                                            | STREET ADDRESS        | 4315 Pablo Oaks Court |                                                                              |
| CITY-ST-ZIP                  |                                |                                            | CITY-ST-ZIP           | Jacksonville FL 32224 |                                                                              |
| TITLE                        |                                | <input type="checkbox"/> Delete            | TITLE                 | AS                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                         |                                |                                            | NAME                  | Joy L LaWarre         |                                                                              |
| STREET ADDRESS               |                                |                                            | STREET ADDRESS        | 4315 Pablo Oaks Court |                                                                              |
| CITY-ST-ZIP                  |                                |                                            | CITY-ST-ZIP           | Jacksonville FL 32224 |                                                                              |

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:** *Joy L LaWarre*      Joy L LaWarre, AS      4/22/08      9044821100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #