

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L05000001769

1. Entity Name
RIVER ISLE, LLC



Principal Place of Business

**% FIRST CHOICE PROPERTIES, INC.
7656 US 1
MICCO, FL 32976**

Mailing Address

**% FIRST CHOICE PROPERTIES, INC.
7656 US 1
MICCO, FL 32976**



01242006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FET Number
52-2448063

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DYER, DAVID W
325 FIFTH AVENUE, SUITE 205
INDIALANTIC, FL 32903**

**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	MIKULSKIS, LORETTA
STREET ADDRESS	% 7656 US 1
CITY-ST-ZIP	MICCO, FL 32976
TITLE	MGRM
NAME	STRYKER, LINDA J
STREET ADDRESS	% 7656 US 1
CITY-ST-ZIP	MICCO, FL 32976
TITLE	MGR
NAME	ABBOTT, RONALD
STREET ADDRESS	% 8050 US 1
CITY-ST-ZIP	MICCO, FL 32976
TITLE	MGR
NAME	HEARNNDON, LEONARD
STREET ADDRESS	8145 EVERNIA ST. #1
CITY-ST-ZIP	MICCO, FL 32976
TITLE	MGR
NAME	SCOTT, THOMAS
STREET ADDRESS	1623 US 1 STE. B-1
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11000000411247
02/09/06-80067-013 50.00

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

1/26/06

Date

*772
664-2066*

Daytime Phone #