


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90057 027 ****50.00

DOCUMENT # L05000003142			
1. Entity Name NORTH RIVER RANCH INVESTMENTS, LLC			
Principal Place of Business 6220 BROOKSHIRE TERR. FORT MYERS, FL 33912		Mailing Address 6220 BROOKSHIRE TERR. FORT MYERS, FL 33912	
2. Principal Place of Business		3. Mailing Address 3831 TURTLE CREEK BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 15 B	
City & State		City & State DALLAS TX	
Zip	Country	Zip	Country
		75219	USA
01112006		Chg-LLC	CR2E083 (11/05)
4. FEI Number		56-249-5352	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARBONA, EUGENE A 6220 BROOKSHIRE TERR. FORT MYERS, FL 33912		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>JOHN A CARBONA</u>		Date: <u>1-11-06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: <u>(214) 521-0609</u>	