


**2003 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 05, 2008 8:00 am**  
**Secretary of State**

02-05-2008 90027 025 \*\*\*138.75

**DOCUMENT # L05000057283**

1. Entity Name  
**COCOHATCHEE RIVER, LLC**



Principal Place of Business      Mailing Address  
**11983 TAMIAMI TRAIL N.**      **11983 TAMIAMI TRAIL N.**  
**100**      **100**  
**NAPLES FL 34110**      **NAPLES FL 34110**



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

4. FEI Number      Applied For  
**20-2976489**      Not Applicable

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

1st MOORE      CR2E083 (10/07)

6. Name and Address of Current Registered Agent

**PAULICH, JOHN ESQ.**  
**5147 CASTELLO DRIVE**  
**NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name      **Corporate Registered Agent, LLC**

Street Address (P.O. Box Number is Not Acceptable)  
**5147 Castello Drive**

City      **Naples**      FL      Zip Code      **34103**

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  **John Paulich, III, as its Member**

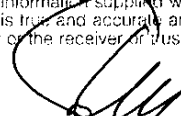
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when re-registering.) DATE

**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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HOVLAND, STEVE 11983 TAMIAMI TRAIL N. NAPLES FL 34110</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM COMMERCE, DAN 11983 TAMIAMI TRAIL N. NAPLES FL 34110</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM REILING, WILLIAM 11983 TAMIAMI TRAIL N. NAPLES FL 34110</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HOVERSTEN, GARFIELD 11983 TAMIAMI TRAIL N. NAPLES FL 34110</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DIGRE, DANIEL 11983 TAMIAMI TRAIL N. NAPLES FL 34110</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MARKHAM, KEITH 11983 TAMIAMI TRAIL N. NAPLES FL 34110</b>	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **1/23/08**      **239-594-7777**

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