


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000089480</b> 1. Entity Name 1616 RIVER ROAD, LLC	
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Principal Place of Business 8833 PERIMETER PARK BOULEVARD SUITE 1104 JACKSONVILLE, FL 32216	Mailing Address 8833 PERIMETER PARK BOULEVARD SUITE 1104 JACKSONVILLE, FL 32216
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**DO NOT WRITE IN THIS SPACE**



04022007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 59-2642002	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

ATKERSON, CHARLES F JR  
8833 PERIMETER PARK BOULEVARD SUITE 1104  
JACKSONVILLE, FL 32216

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM C. ATKERSON, INC. 8833 PERMETER PARK BLVD SUITE 1104 JACKSONVILLE, FL 32216
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05/10/07-80059-011 55.00

**DO NOT WRITE  
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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: Charles F. Atkinson      Date: 4/24/07      Daytime Phone #: 904-564-2252

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