


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000001266					
1. Entity Name NORTH RIVER MALL #1, L.L.C.					
Principal Place of Business 950 S. TAMiami TRAIL STE. 204 SARASOTA, FL 34236			Mailing Address 950 S. TAMiami TRAIL STE. 204 SARASOTA, FL 34236		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent DOERR, KENNETH D 240 SOUTH PINAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name <u>CT CORPORATION SYSTEM</u> Street Address (P.O. Box Number is Not Acceptable) <u>1200 SOUTH PINE ISLAND ROAD</u> City <u>PLANTATION</u> FL Zip Code <u>33324</u>	
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 <u>[Signature]</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>			JAMES M. NEWSOME <u>Special Assistant Secretary</u> <small>(NOTE: Signature of person authorized to sign for company)</small>		
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LIBBY, HAROLD L 950 S. TAMiami TRAIL, STE. 204 SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>100078233461</u> <u>08/01/06--01051--023 **50.00</u>	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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 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>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			07-21-06 724-935-3433 <small>Date Daytime Phone #</small>		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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4. FEI Number 65-0977740 Applied For Not Applicable

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