

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
07 APR 27 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

BK



04252007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0977740

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LIBBY, HAROLD L
STREET ADDRESS	950 S. TAMiami TRAIL, STE. 204
CITY- ST- ZIP	SARASOTA, FL 34236

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/07/07--01021--016 **50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

04-25-07

Date

724-935-3433

Daytime Phone #