

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

4/14

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-14-2004 90286 012 ****50.00

DOCUMENT # L00000005523

1. Entity Name

LOST RIVER PRESERVE, LLC



Principal Place of Business

3939 COCKROACH BAY ROAD
RUSKIN FL 33570

Mailing Address

3939 COCKROACH BAY ROAD
RUSKIN FL 33570

34004266



MOORE CR2E083 (11/03)

2. Principal Place of Business

3. Mailing Address

P.O. Box 1240

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SUN CITY, FL

Zip

Country

Zip

33586

Country

USA

4. FEI Number

59-3657639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASEY, WILLIAM W
3939 COCKROACH BAY ROAD
RUSKIN FL 33570

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME CALOOSA SHELL CORPORATION
STREET ADDRESS 3939 COCKROACH BAY ROAD
CITY-ST-ZIP RUSKIN FL 33570

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME FARMS, CARDANELL
STREET ADDRESS P.O. BOX 349
CITY-ST-ZIP TAMPA FL 33601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME CARLTON, DENNIS C
STREET ADDRESS 7414 COMMERCE STREET
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME LEISEY III, C E
STREET ADDRESS SURSIDE BLVD. #5
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2402 19TH AVE. N.E
CITY-ST-ZIP RUSKIN, FL 33570

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/24/04 813645-3068