

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90132 020 ****50.00

DOCUMENT # L01000003819

1. Entity Name
RIVER COVE LANDING, LC



Principal Place of Business
**320 US HWY 41
INVERNESS, FL 34450**

Mailing Address
**320 US HWY 41
INVERNESS, FL 34450**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
2450 N. Citrus Hills Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-LLC CR2E083 (10/03)

City & State
Hernando, Florida 34442

City & State
Hernando, Florida 34442

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

Zip Country

Zip Country

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

**STILLWELL, CLARK A ESQ
C/O BRANNEN, STILLWELL & PERRIN, P.A.
320 US. HIGHWAY 41 SOUTH
INVERNESS, FL 34450**

Name
STILLWELL, CLARK A ESQ
Street Address (P.O. Box Number is Not Acceptable)
320 US. HIGHWAY 41 SOUTH
City
INVERNESS **FL** Zip Code
34450

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAN DER MEIJS, HENRICUS			NAME			
STREET ADDRESS	LANGE HIL 78/4822 AA BREDA			STREET ADDRESS			
CITY-ST-ZIP	THE NETHERLANDS,			CITY-ST-ZIP			
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIEUW, JOLANDE			NAME			
STREET ADDRESS	CASELASTAAT 1 B / 5654 SH EINDHOVEN			STREET ADDRESS			
CITY-ST-ZIP	THE NETHERLANDS,			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AKKERMAN, RUUD			NAME			
STREET ADDRESS	WILLEM DE ZWYGERLAAN 19/2082BA/SANTPOORT Z			STREET ADDRESS			
CITY-ST-ZIP	NETHERLANDS,			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 # _____