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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000003819 1. Entity Name RIVER COVE LANDING, LC					
Principal Place of Business 9505 INGBORG COURT WINDERMERE, FL 34786				Mailing Address 9505 INGBORG COURT WINDERMERE, FL 34786	
2. Principal Place of Business 320 U.S. Hwy 41 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 250 Suite, Apt. #, etc.		 ☐ CHECK HERE IF MAKING CHANGES	
City & State Inverness, FL		City & State Inverness, FL			
Zip 34450		Zip 34451			
Country USA		Country USA			
5. Name and Address of Current Registered Agent STILLWELL, CLARK A ESQ C/O BRANNEN, STILLWELL & PERRIN, P.A. 320 US. HIGHWAY 41 SOUTH INVERNESS, FL 34450				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 date if applicable (NOTE: Registered Agent's signature required when electing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN DER MEIJ, HENRICUS LANGE HIL 78/4822 AA BREDA THE NETHERLANDS,	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIEUW, JOLANDE CASELLASTAAT 1 B / 5654 SH EINDHOVEN THE NETHERLANDS,	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AKKERMAN, RUUD WILLEM DE ZWYGERLAAN 19/2082BA/SANTPOORT Z NETHERLANDS,	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AKKERMAN, RUUD WILLEM DE ZWYGERLAAN 19/2082BA/SANTPOORT Z NETHERLANDS,	☐ Delete			
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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 registered or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 04/25/03 352-726-6267 Date Daytime Phone #					

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