2004 08:00 AN

ANNUAL REPORT				Secretary of State		
DOCUMENT # L01000009665					ary or State	
1, Entity Nan RIVER P	LACE AT SUMMER BEA	CH, LLC				
Principal Place of Business 5456 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034		Mailing Address 5456 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034	5456 FIRST COAST HIGHWAY			
DO NOT WRITE IN THIS SPACE				04272004 No Chg-LLC CR2	E083 (10/03)	
DO NOT WHITE IN THIS SPACE			CE	4. FEI Number 59-3728346	Applied For Not Applicable	
				5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Curre	ent Registered Agent				
SANDS, JAMES U 5456 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034			DO NOT WRITE IN THIS SPACE			
8. The above	named entity submits this statemen	t for the purpose of changing its registe	red office or register	ed agent, or both, in the State of Florida. I ar	m familiar with, and accept	
the obligat	ions of registered agent Signature hyped or primad name of registered ag	on and site if applicable (NOTE Register	ed Agent signature required	when reinstaling) DATE		
Filing Fee is \$50.00 Due by May 1, 2004				000000154169 05/04/04-80156-011 50.00		
9.	MANAGING MEN	BERS/MANAGERS	I		0 011 00:00	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	MGR SUMMER BEACH DEVELOPI 5456 FIRST COAST HIGHWA AMELIA ISLAND, FL 32034					
THEE NAME STREET ADDRESS CHY-SI-ZIP						
TITLE NAME SIREET ADDRESS CITY-ST-ZIP				DO NOT WRIT	Έ	
THILE NAME STREET ADDRESS CHY-SI-ZIP		<u>, , , , , , , , , , , , , , , , , , , </u>		IN THIS SPAC	E	
THLE MAME STREET ADDRESS CHY-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:

HEE NAME STREET ADDRESS

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

James U. Sand

(204) 261-0624 Deytme Phuse #