

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

04-26-2004 90053 021 ****50.00

DOCUMENT # L01000010652

1. Entity Name
RIVER TO GULF ADVENTURES, LLC



Principal Place of Business

663 HIGHWAY 98
EASTPOINT, FL 32328

Mailing Address

PO BOX 243
EASTPOINT, FL 32328

24054434



04072004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired. ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEGREE, ROBERT
663 HIGHWAY 98
EASTPOINT, FL 32328

**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: Robert Segree, Robert Segree, President 04-22-04
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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME SEGREE, ROBERT
STREET ADDRESS 663 US HWY 99
CITY-ST-ZIP EASTPOINT, FL 32328

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NAME
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Robert Segree 04-22-04 850-670-8081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #