

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000022599

1. Entity Name
DEAD RIVER, LLC



Principal Place of Business
**601 SOUTH 9TH STREET
LEESBURG, FL 34748 US**

Mailing Address
**POST OFFICE BOX 492460
LEESBURG, FL 34749-2460 US**



04012005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0032104

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RICHEY, STEVEN J ESQ.
601 SOUTH 9TH STREET
LEESBURG, FL 34748**

**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

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RICHEY, STEVEN J
601 SOUTH 9TH STREET
LEESBURG, FL 34748**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DONAHEY, C. VICTOR JR
3351 WEST BURLLEIGH BLVD
TAVARES, FL 32778**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
ALLEN, EDWARD R
3351 WEST BURLLEIGH BLVD
TAVARES, FL 32778**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #