## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L01000022599**

1. Entity Name

DEAD RIVER, LLC

**601 SOUTH 9TH STREET** 

LEESBURG, FL 34748 US

Principal Place of Business Malling Address

POST OFFICE BOX 492460 LEESBURG, FL 34749-2460 US

**FILED** Apr 13, 2006 08:00 AM Secretary of State



03272006No Chg-LLC

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

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8.	The above named entity submits this statem	tent for the purpose of changing		r registered agent, or b		I am familiar with, and accept
	the obligations of registered agent.		-	-	ì	

SIGNATURE.

Signature, Most or existed name of registered spent and title if applicable.

(NOTE, Registered Agent signature required when reinstating)

Filing Fee Is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM RICHEY, STEVEN J 601 SOUTH 9TH STREET LEESBURG, FL 34748					
TITLE NAME STREET ADDRESS CITY-ST-ZP	ST ALLEN, EDWARD R 3361 WEST BURLEIGH BLVD TAVARES, FL 32778					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRONKHURST, JAMES 3351 WEST BURLEIGH BLVD. TAVARES, FL 32778					
TITLE NAME STREET ADDRESS CITY+ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STITLET ADDRESS CITY-ST-ZIP						

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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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.

83-450-1911