

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022599

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: DEAD RIVER, LLC

**Current Principal Place of Business:**

601 SOUTH 9TH STREET  
LEESBURG, FL 34748 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 492460  
LEESBURG, FL 347492460 US

**New Mailing Address:**

FEI Number: 26-0032104

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RICHEY, STEVEN J  
Address: 601 SOUTH 9TH STREET  
City-St-Zip: LEESBURG, FL 34748

Title: ST ( ) Delete  
Name: ALLEN, EDWARD R  
Address: 3351 WEST BURLEIGH BLVD  
City-St-Zip: TAVARES, FL 32778

Title: MGR (X) Delete  
Name: BRONKHURST, JAMES  
Address: 3351 WEST BURLEIGH BLVD.  
City-St-Zip: TAVARES, FL 32778

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN J. RICHEY

MGR

02/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date