2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90123 041 ***138.75

DOCUMENT # L02000014695

1. Entity Name
BANANA RIVER HOLDING, L.L.C.

Principal Place of Business
600 JACKSON COURT
SATELLITE BEACH, FL 32937

Mailing Address
600 JACKSON COURT
SATELLITE BEACH, FL 32937

01172008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
698 Loggerhead Island Dr.
Suite, Apt. #, etc.
City & State: Satellite Beach FL
Zip: 32937 Country: USA

3. Mailing Address
698 Loggerhead Island Dr.
Suite, Apt. #, etc.
City & State: Satellite Beach FL
Zip: 32937 Country: USA

4. FEI Number
06-1643414
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LINTON, BARBARA J
600 JACKSON COURT
SATELLITE BEACH, FL 32937

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 698 Loggerhead Island Drive
City Satellite Beach FL Zip Code 32937

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] Jan. 17, 2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	LINTON, BARBAR	
STREET ADDRESS	698 LOGGERHEAD DRIVE	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	698 Loggerhead Island Drive	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: [signature] Jan 17 2008 (321) 773-5881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #