2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# L02000023904

Entity Name: LOST RIVER, L.L.C.

Current Principal Place of Business:

110 SOUTH SEWALL'S POINT RD.
STUART, FL 34996 US

New Principal Place of Business:

Current Mailing Address:

110 SOUTH SEWALL'S POINT RD.
STUART, FL 34996 US

New Mailing Address:

FEI Number: 20-0775311 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMB, STUART M
110 SOUTH SEWALL'S POINT RD.
STUART, FL 34996 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: NYBERG, MATT
Address: 466 SE CARDINAL TRAIL
City-St-Zip: STUART, FL 34997 US

Title: MGRM ( ) Delete
Name: BLACK SHEEP HOLDINGS, LIMITED PARTN E RSHIP
Address: 110 SOUTH SEWALL'S POINT RD.
City-St-Zip: STUART, FL 34996 US

ADDITIONS/CHANGES:

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 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: MATT NYBERG MGRM 04/24/2007

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