

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007353

Entity Name: NORTH RIVER ISLAND, LLC

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

5150 PALM VALLEY RD., STE. 201
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1183
PONTE VEDRA BEACH, FL 32004

New Mailing Address:

1400 MARSH LANDING PARKWAY
SUITE 104
JACKSONVILLE BEACH, FL 32250

FEI Number: 20-0050672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMBACH, MARK
1266 NECK ROAD
PONTE VEDRA, FL 32082 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: AMBACH, MARK
Address: 1266 NECK RD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM () Delete
Name: KENNY, JOHN
Address: 176 CLEARLAKE DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM () Delete
Name: DENNEEN, JOHN PAUL
Address: 9254 NECK RD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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 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: MARK AMBACH

MGRM

04/18/2007

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