

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000009330

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** WEKIVA RIVER MITIGATION BANK, L.L.C.

**Current Principal Place of Business:**

1245 W FAIRBANKS AVE STE 301  
WINTER PARK, FL 32789

**New Principal Place of Business:**

1015 EDGEWATER DR.  
ORLANDO, FL 32804

**Current Mailing Address:**

1245 W FAIRBANKS AVE STE 301  
WINTER PARK, FL 32789

**New Mailing Address:**

PO BOX 540285  
ORLANDO, FL 32854

**FEI Number:** 38-3692282

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENBOW, DENNIS K  
1005 EDGEWATER DRIVE  
ORLANDO, FL 32804 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: MGR  
Name: BENBOW, DENNIS  
Address: PO BOX 540285  
City-St-Zip: ORLANDO, FL 32854

Title: MGR  
Name: SPILLANE, JACK E  
Address: PO BOX 149386  
City-St-Zip: ORLANDO, FL 32814

I hereby 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: DENNIS K. BENBOW

MGR

04/21/2011

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