

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012254

FILED  
Apr 06, 2004  
Secretary of State

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

## Current Principal Place of Business:

220 SOUTH PALAFOX STREET  
PENSACOLA, FL 32503

## New Principal Place of Business:

220 SOUTH PALAFOX STREET  
PENSACOLA, FL 32502

## Current Mailing Address:

220 SOUTH PALAFOX STREET  
PENSACOLA, FL 32503

## New Mailing Address:

220 SOUTH PALAFOX STREET  
PENSACOLA, FL 32502

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANDERS, ABIGAIL K  
24 WEST CHASE STREET  
PENSACOLA, FL 32501 US

## Name and Address of New Registered Agent:

LOZIER, DANIEL R  
24 WEST CHASE STREET  
PENSACOLA, FL 32502 US

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: DANIEL R. LOZIER

04/06/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: HALFORD, DOUGLAS C  
Address: 220 S. PALAFOX STREET  
City-St-Zip: PENSACOLA, FL 32502 US

Title: MGRM ( ) Change (X) Addition  
Name: JOSEPHS, ALLEN  
Address: 4509 RIVER RANCH ROAD  
City-St-Zip: MILTON, FL 32583 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DOUGLAS C. HALFORD

MGRM

04/06/2004

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