


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000013408 1. Entity Name FRIO RIVER OF FLORIDA, LLC	
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Principal Place of Business 140 SOUTH ATLANTIC AVENUE, SUITE 203 ORMOND BEACH, FL 32176	Mailing Address 140 SOUTH ATLANTIC AVENUE, SUITE 203 ORMOND BEACH, FL 32176
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02192005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2348612	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GALLOWAY, G.G. 140 SOUTH ATLANTIC AVENUE, SUITE 203 ORMOND BEACH, FL 32176

DO NOT WRITE IN THIS SPACE

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.

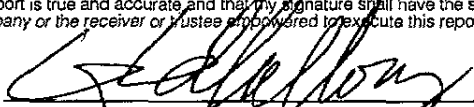
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

U00000296512
04/09/05-80070-018 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLOWAY, G.G. 140 SOUTH ATLANTIC AVENUE, STE 203 ORMOND BEACH, FL 32176
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DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	APRIL 5, 05 <small>Date Daytime Phone #</small>