2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State
04-03-2007 90119 013 ****55.00

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1. Entity Name
CAFE ON THE RIVER, LLC

6003168

03152007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
19773 E. PENNSYLVANIA AVENUE DUNNELLON, FL 34431 New	19773 E. PENNSYLVANIA AVENUE DUNNELLON, FL 34431 New
2. Principal Place of Business - No P.O. Box #: 923 N. MAGNOLIA AVE	3. Mailing Address: 2309 SE 5th ST
Suite, Apt. #, etc.: 1100	Suite, Apt. #, etc.
City & State: OCALA FL	City & State: OCALA FL 34471
Zip: 34475 / Country: MARION	Zip: 34471 / Country: MARION

4. FEI Number: 76-0734472 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRAHE, RANDALL F JR 3841 WEST BLACK DIAMOND CIRCLE LECANTO, FL 34461	Name: TRACEY WEESE Street Address (P.O. Box Number is Not Acceptable): 2309 SE 5th ST City: OCALA FL Zip Code: 34471

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: Tracey Weese — 3-23-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAHE, RANDALL F JR. 3841 WEST BLACK DIAMOND CIR LECANTO, FL 34461 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRACEY WEESE 2309 SE 5th ST OCALA FL 34471 ☑ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LYNNE HOUGH 2309 SE 5th ST Ocala FL 34471 ☑ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Tracey Weese — 3/23/07 — 352-572-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #