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

60031688

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 Number