

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000026816

1. Entity Name
RIVER OF GRASS IMPORTS LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 22 AM 10: 03

Principal Place of Business
**1147 NE 4TH AVENUE
FORT LAUDERDALE, FL 33304**

Mailing Address
**1147 NE 4TH AVENUE
FORT LAUDERDALE, FL 33304**

[Handwritten initials]

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



07182005 Chg-LLC CR2E083 (10/03)

4. FEI Number
45-0524488

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KENNEDY, KAREN J
1225 NE 16TH TERRACE
FORT LAUDERDALE, FL 33304**

7. Name and Address of New Registered Agent
Name **FORREST B. CORNEAL**
Street Address (P.O. Box Number is Not Acceptable)
1147 NE FOURTH AVENUE
FORT LAUDERDALE, FLORIDA 33304
City **FL** Zip Code

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 *[Signature]* DATE **7/18/05**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLADO, HUGO 1981 CANTERBURY CIRCLE WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REMOVED <input type="checkbox"/> Change <input type="checkbox"/> Addition 100058055431 07/29/05--01076--001 **\$0.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORNEAL, F. BRUCE 1147 NE 4TH AVENUE FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORREST B. CORNEAL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1147 NE 4 AVENUE FORT LAUDERDALE, FLORIDA 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRIMAN, MARTHA 1216 NE 16TH TERRACE FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORNEAL TRUST 1147 NE 4TH AVENUE FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAREN J. KENNEDY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1147 NE 4TH AVENUE FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *[Signature]* **July 18, 2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #