

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029225

FILED
Apr 22, 2005
Secretary of State

Entity Name: NORTH RIVER VILLAGE OF LABELLE, LLC

Current Principal Place of Business:

7985 TIGER PALM WAY
FT. MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 62232
FT. MYERS, FL 33906

New Mailing Address:

FEI Number: 56-2381338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DYSON, THOMAS
7985 TIGER PALM WAY
FT. MYERS, FL 33912 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DYSON, THOMAS
Address: 7985 TIGER PALM WAY
City-St-Zip: FT. MYERS, FL 33912

Title: MGRM () Delete
Name: DYSON, CHRISTOPHER
Address: 7985 TIGER PALM WAY
City-St-Zip: FT. MYERS, FL 33912

Title: MGRM () Delete
Name: OWENS, DAVID
Address: 15670 MCGREGOR BLVD.
City-St-Zip: FT. MYERS, FL 33908

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS M DYSON

MGRM

04/22/2005

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