2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029225

Entity Name: NORTH RIVER VILLAGE OF LABELLE, LLC

FILED Apr 18, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7985 TIGER PALM WAY FT. MYERS, FL 33912 **Current Mailing Address: New Mailing Address:** P.O. BOX 62232 FT. MYERS, FL 33906 FEI Number: 56-2381338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DYSON, THOMAS 7985 TIĞER PALM WAY FT. MYERS, FL 33912 US 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/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete DYSON, THOMAS Name: Name: Address: 7985 TIGER PALM WAY Address: City-St-Zip: FT. MYERS, FL 33912 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition

Name:

Address:

City-St-Zip:

Address: 7985 TIGER PALM WAY City-St-Zip: FT. MYERS, FL 33912

DYSON, CHRISTOPHER

Name:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 OWENS, DAVID
 Name:
 OWENS, DAVID

 Address:
 15670 MCGREGOR BLVD.
 Address:
 12261 BANYON DRIVE

 City-St-Zip:
 FT. MYERS, FL 33908
 City-St-Zip:
 FT. MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 DYSON MGR 04/18/2006