


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2004 8:00 am
Secretary of State

07-20-2004 90055 035 ****50.00

DOCUMENT # L03000036007

1. Entity Name
 55 ACRES RIVERFRONT, L.L.C.



Principal Place of Business
 2260 BAY STREET, SUITE 11
 FORT MYERS, FL 33901

Mailing Address
 2260 BAY STREET, SUITE 11
 FORT MYERS, FL 33901

14026303



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

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

07122004 Chg-LLC CR2E083 (10/03)

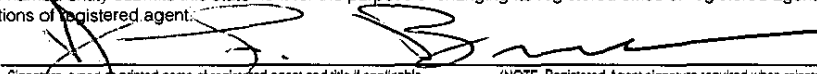
4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 BURSON, FRED
 2260 BAY STREET, SUITE 11
 FORT MYERS, FL 33901

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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  DATE 7/15/04

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


Filing Fee is \$50.00 Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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Handwritten entry in 10. ADDITIONS/CHANGES:
 President
 Randall Nychyk
 PO Box 367657
 Bonita Springs, FL 34136

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:  DATE 7/15/04 DAYTIME PHONE # 239-949-7082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE