


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90046 018 ****50.00

DOCUMENT # L03000039656	
1. Entity Name RIVER OAKS DEVELOPMENT SOUTH, LLC	

Principal Place of Business 1605 MAIN STREET SUITE 912 SARASOTA, FL 34236 US	Mailing Address 2607 EDGEWATER DRIVE #311 ORLANDO, FL 32804 US
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20040333



2. Principal Place of Business 2607 Edgewater Drive	3. Mailing Address Suite, Apt. #, etc. # 311
City & State Orlando, FL	City & State Orlando, FL
Zip 32804	Country USA

04112005 Chg-LLC CR2E083 (10/03)

4. FEI Number 42-1607291	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SCOVILLE, HAROLD W 1605 MAIN STREET SUITE 912 SARASOTA, FL 34236
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7. Name and Address of New Registered Agent Name Tracey M. Smith Street Address (P.O. Box Number is Not Acceptable) 1109 Latta Lane City Orlando FL Zip Code 32804

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 M. Smith TRACEY M. SMITH 04/12/05
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, 2005**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, TRACEY M 1109 LATTI LANE ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Tracey M. Smith Managing Member 04/12/05 (407) 481-8733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #