

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000041232

1. Entity Name
IMPERIAL RIVER HOLDING, LLC



Principal Place of Business
**2055 TRADE CENTER WAY
NAPLES, FL 34109**

Mailing Address
**2055 TRADE CENTER WAY
NAPLES, FL 34109**



01042005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0338136

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COTTER, JEFFREY J
2055 TRADE CENTER WAY
NAPLES, FL 34109**

**DO NOT WRITE
IN THIS SPACE**

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, 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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR G. STUART WOOD FAMILY TRUST 25099 PINEWATER COVE LANE BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JEFFREY J COTTER FAMILY TRUST 90 MINNEHAWKA CIR MAITLAND, FL 32751
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04/08/05-80036-014 50.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #