

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Jan 29, 2007 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



01082007 No Chg-LLC

CR2E083 (11/05)

**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, 2007

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 MINNEHAHA CIR  
MAITLAND, FL 32751

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000607055  
01/31/07-80021-022 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1/24/07

Date

239-597-7727

Daytime Phone #