2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000042196

1. Entity Name
RIVER HILLS GOLF LLC

Principal Place of Business	Mailing Address
10688-C CRESTWOOD DRIVE MANASSAS, VA 20109	10688-C CRESTWOOD DRIVE MANASSAS, VA 20109

DO NOT WRITE IN THIS SPACE

01262005No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
20-0625231		Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STAPLES, CHARLES K
18086 SE VILLAGE CIRCLE
TEQUESTA, FL 33469

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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	MGR
NAME	SMITH, KIMBERLY R
STREET ADDRESS	8117 WILLINGBORO COURT
CITY-ST-ZIP	GAINESVILLE, VA 20155
TITLE	MGR
NAME	STAPLES, WALTER W
STREET ADDRESS	12212 S.E. BIRKDALE COURT
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	MGR
NAME	MIRAGLIA, MICHAEL L
STREET ADDRESS	320 S. FLAMINGO ROAD, PMB 232
CITY-ST-ZIP	PEMBROKE PINES, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____   2/2/05   703-367-7237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #