

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90037 048 \*\*\*\*50.00

**DOCUMENT # L03000042196**

1. Entity Name  
RIVER HILLS GOLF LLC



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

Mailing Address  
10688-C CRESTWOOD DRIVE  
MANASSAS, VA 20109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
20-0625231

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME SMITH, KIMBERLY R  
STREET ADDRESS 8117 WILLINGBORO COURT  
CITY-ST-ZIP GAINESVILLE, VA 20155

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME STAPLES, WALTER W  
STREET ADDRESS 12212 S.E. BIRKDALE COURT  
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 18086 S.E. Village Circle  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME MIRAGLIA, MICHAEL L  
STREET ADDRESS 320 S. FLAMINGO ROAD, PMB 232  
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 9315 NW 48 Doral Terrace  
CITY-ST-ZIP miami FL 33178

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CHRISTINA BATELLER 4/13/06 703-367-7237