

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046828

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: NEW RIVER DESIGN GROUP, LLC

## Current Principal Place of Business:

200 S. ANDREWS AVENUE, 9TH FLOOR  
FORT LAUDERDALE, FL 33301

## New Principal Place of Business:

200 S. ANDREWS AVENUE  
SUITE 703  
FORT LAUDERDALE, FL 333012066

## Current Mailing Address:

1314 E. LAS OLAS BLVD.  
SUITE 5  
FORT LAUDERDALE, FL 33301

## New Mailing Address:

200 S. ANDREWS AVENUE  
SUITE 703  
FORT LAUDERDALE, FL 333012066

FEI Number: 65-1210746

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORBETT, MARK  
200 S. ANDREWS AVENUE, 9TH FLOOR  
FORT LAUDERDALE, FL 33301 US

## Name and Address of New Registered Agent:

CORBETT, MARK  
200 S. ANDREWS AVENUE  
SUITE 703  
FORT LAUDERDALE, FL 333012066 US

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.

SIGNATURE: C. DAN VERITY

01/05/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CORBETT, MARK  
Address: 200 S. ANDREWS AVENUE, 9TH FLOOR  
City-St-Zip: FORT LAUDERDALE, FL 33301

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CORBETT, MARK  
Address: 200 S. ANDREWS AVENUE, STE 703  
City-St-Zip: FORT LAUDERDALE, FL 333012066

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK CORBETT

MGRM

01/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date