2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2005
Secretary of State

DOCUMENT# L03000049941

Entity Name: RIVER HAVEN II, L.L.C.

Current Principal Place of Business:

9954 MOORINGS DRIVE
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

9954 MOORINGS DRIVE
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 81-0640127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEPRELL, SAMUEL L
1930 SAN MARCO BOULEVARD, SUITE 201
ST. MARK'S PLACE
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: JOHNSON, WILLIAM R
Address: 3938 BAYMEADOWS ROAD
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGRM ( ) Delete
Name: CONCEPT DEVELOPMENT, INTERNATIONAL, INC.
Address: 9954 MOORINGS DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JOHNSON, WILLIAM R
Address: P.O. BOX 24405
City-St-Zip: JACKSONVILLE, FL 32241

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM R. JOHNSON MEMB 05/05/2005

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