

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049941

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

FILED  
Jul 05, 2006  
Secretary of State

**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:**

**Name and Address of New Registered Agent:**

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

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGRM ( ) Change (X) Addition  
Name: ROSS, LEANE M  
Address: 9954 MOORINGS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the 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: LEANE M. ROSS

MGRM

07/05/2006

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