2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2007
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 ( )**

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/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:	MGRM	( ) Delete
Name:	ROSS, LEANE M	
Address:	9954 MOORINGS DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32257	

ADDITIONS/CHANGES:

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

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: LEANE M. ROSS MGRM 04/29/2007

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