

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010941

FILED
Apr 29, 2005
Secretary of State

Entity Name: RIVER CLUB - SEAGATE INVESTMENTS, LLC

Current Principal Place of Business:

185 CYPRESS POINT PARKWAY
SUITE 7
PALM COAST, FL 32164 US

New Principal Place of Business:

185 CYPRESS POINT PARKWAY
SUITE 700
PALM COAST, FL 32164 US

Current Mailing Address:

185 CYPRESS POINT PARKWAY
SUITE 7
PALM COAST, FL 32164 US

New Mailing Address:

185 CYPRESS POINT PARKWAY
SUITE 700
PALM COAST, FL 32164 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GAZZOLI, LAURA
185 CYPRESS POINT PARKWAY
SUITE 7
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

GAZZOLI, LAURA
185 CYPRESS POINT PARKWAY
SUITE 700
PALM COAST, FL 32164 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: _____ 04/29/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SEAGATE INVESTMENTS,, INC
Address: 185 CYPRESS POINT PARKWAY, STE 7
City-St-Zip: PALM COAST, FL 32164 USA

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SEAGATE INVESTMENTS,, INC
Address: 185 CYPRESS POINT PARKWAY, STE 700
City-St-Zip: PALM COAST, FL 32164 USA

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: ROBERT GAZZOLI MGMR 04/29/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date