## 2006 LIMITED LISSILITY COMPANY ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # L04000033859 02-27-2006 90420 026 \*\*\*\*50.00 1. Entity Name RIVER HOLDINGS AVIATION, LLC Principal Place of Business Mailing Address 20010675 1042 N. US HWY 1 1042 N. US HWY 1 **ORMOND BEACH FL 32174 ORMOND BEACH FL 32174** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number 20-1080051 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STRASSER, CHARLES L Street Address (P.O. Box Number is Not Acceptable) 1042 NORTH UNITED STATES HIGHWAY ONE ORMOND BEACH FL 32174 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE MGR ☐ Change ☐ Addition NAME STRASSER, CHARLES L NAME STREET ADDRESS 1042 NORTH UNITED STATES HIGHWAY ONE STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME MILLER, SANFORD STREET ADDRESS 125 BASIN STREET SUITE 210 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 TITLE TITLE \_ Dejete MGRM\_\_\_\_\_ Change ... ... Addition NAME NAME HEASTER, LEWIS STREET ADDRESS STREET ADDRESS 555 WEST GRANADA BOULEVARD SUITE G-4 CITY-ST-ZIP ORMAND BEACH FL 32164 CITY-ST-ZIP **MGRM** ☐ Delete TITLE ☐ Change ☐ Addition NAME HEASTER, BARBARA NAME STREET ADDRESS 555 WEST GRANADA BOULEVARD SUITE G-4 STREET ADDRESS CITY-ST-ZIP ORMAND BEACH FL 32164 CITY-ST-ZIP MGRM Delete TITLE TITLE ☐ Change ☐ Addition STRASSER, CHARLES H NAME NAME 1200 JOHN ANDERSON DRIVE STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32176 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

indicated on this report is true and accurate and that my 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.

OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

FILED

Feb 27, 2006 8:00 am