


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90040 013 \*\*\*\*50.00

<b>DOCUMENT # L04000037919</b> 1. Entity Name RIVER SHORES DEVELOPMENT, L.L.C.	
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Principal Place of Business 2248 STATE ROAD 44 NEW SMYRNA BEACH, FL 32168	Mailing Address 2248 STATE ROAD 44 NEW SMYRNA BEACH, FL 32168
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**DO NOT WRITE IN THIS SPACE**



03212006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2465005	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

WILLIAMS, DALE L  
2248 STATE ROAD 44  
NEW SMYRNA BEACH, FL 32168

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE DALE L. WILLIAMS MANAGER 4/19/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, DALE L <del>148 BREEZEWAY COURT</del> 1048 LUBBOCK BLVD NEW SMYRNA BEACH, FL <del>32168</del> 32168
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE: DALE L. WILLIAMS 4/19/06 366-428-4349  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #