


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000041206 1. Entity Name TERRY'S RIVER TOURS LLC	
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Principal Place of Business 199 VALDIVA STREET PUNTA GORDA, FL 33983 US	Mailing Address 199 VALDIVA STREET PUNTA GORDA, FL 33983 US
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DO NOT WRITE IN THIS SPACE



02042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 05-0603727	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHUGART, TERENCE L
199 VALDIVA STREET
PUNTA GORDA, FL 33983**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000819546
02/15/08-80088-001 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHUGART, TERENCE L 199 VALDIVA STREET PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHUGART, MARTHA A 199 VALDIVA STREET PUNTA GORDA, FL 33983
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IN THIS SPACE**

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: *Martina A. Shugart* **MARTHA A. SHUGART** **2-4-08** **941-255-0460**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #