2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000044095

1. Entity Name
RIVER ROAD PARKING, LLC

Principal Place of Business	Mailing Address
38208 RIVER ROAD DADE CITY, FL 33525	15535 JOHN MCCARTHY ROAD DADE CITY, FL 33523

DO NOT WRITE IN THIS SPACE

04172006No Chg-LLC CR2E083 (11/05)

4. FEI Number
61-1471713
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WALLER, CHARLES D ESQ.
POST OFFICE BOX 1668
37927 LIVE OAK AVE
DADE CITY, FL 33523

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

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STEVENS, HAYES W
STREET ADDRESS	15535 JOHN MCCARTHY RD
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	MGR
NAME	STEVENS, ARLENE M
STREET ADDRESS	15535 JOHN MCCARTHY RD
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	MGR
NAME	BRYANT, LARRY S
STREET ADDRESS	8746 MORASH STREET
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540
TITLE	MGR
NAME	MCCARTHY, THOMAS K
STREET ADDRESS	15941 JOHN MCCARTHY RD
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	MGR
NAME	GORDON, RICHARD L
STREET ADDRESS	31024 ST JOE RD
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000562109
05/19/06-80043-012 50.00

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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: Hayes W. Stevens 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #