2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 26, 2007 8:00 am Secretary of State

DOCUMENT # L04000046598 1. Entity Name PENINSULA RIVER, LLC					04-26-2007 90029 015 ****50.00				
Principal Place of Business 1325 ATLANTIC AVENUE FERNANDINA BEACH, FL 32034		Mailing Address PO BOX 706 FERNANDINA BEACH, FL 32035		60040936					
2. Principal Place of Business - No P.O. Box # 1890 S. 14th St		3. Mailing Address							
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc.		03212007	Chg-LLC	CR2E08	3 (12/06)		
City & State		City & State		4. FEI Number 20-127			_ _ 	plied For t Applicable	
Zip	Country	Zip	Country		 	of Status Desired		5.00 Add	litional
	6. Name and Address of Current	Registered Agent	1		7. Name and	Address of New	Registered A	gent	
			N:	lame					
MOCK, WILL:IAM J JR 1325 ATLANTIC AVENUE			St	Street Address (P.O. Box Number is Not Acceptable)					
FERNAND	INA BEACH, FL 32034	1		890 S.	14th S	St. Su	ite 20	0	
				City			FL	Zip Code	9
	named entity submits this statement to ions of registered agent.	the purpose of changing its re	egistered of	office or registe	red agent, or bo	th, in the State of F	Florida. I am fa	.I miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent of	ind title if applicable. (NOTE:	Registered Ager	ent signature require	d when reinstating)		OATE		
Filing Fee is \$50.00 Due by May 1, 2007									
Fi Di	ling Fee is \$50.00 ue by May 1, 2007						ike check pa da Departme	•	•
Fi Di	ling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE	RS/MANAGERS	10.			Florid	•	•	•
Di	ue by May 1, 2007	RS/MANAGERS	10.			Florid	da Departme	•	Addition
9.	ue by May 1, 2007 MANAGING MEMBE		1			Florid	da Departme	nt of State	
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I hereby certify that the information supplied with this filling does not quality 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.

904-261-8822 SIGNATURE:
SIGNATURE AND TYPET OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone # Date