


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90350 029 ****50.00

DOCUMENT # L04000049587	
1. Entity Name RIVER EDGE PARTNERS, LLC	

Principal Place of Business 13155 NORTH INDIAN RIVER DRIVE SEBASTIAN, FL 32958	Mailing Address 13155 NORTH INDIAN RIVER DRIVE SEBASTIAN, FL 32958
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20021072



2. Principal Place of Business 8975 US Hwy 1 Suite, Apt. #, etc.	3. Mailing Address 9460 FLEMING GRANT ROAD Suite, Apt. #, etc.
City & State Micco, FL	City & State Micco, FL
Zip 32976	Country

03092005 Chg-LLC CR2E083 (10/03)

4. FEI Number
84-1652346

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

6. Name and Address of Current Registered Agent

BIRT, ROGER D II
13155 NORTH INDIAN RIVER DRIVE
SEBASTIAN, FL 32958

7. Name and Address of New Registered Agent

Name: JOSEPH BAGGS
Street Address (P.O. Box Number is Not Acceptable)
9460 FLEMING GRANT ROAD
City: Micco FL Zip Code: 32976

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.

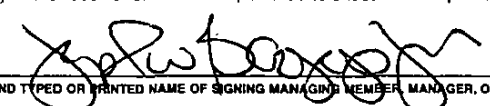
SIGNATURE  **DATE** MAR 1 05

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOW TIDE INVESTMENTS, LLC 9460 FLEMING GRANT ROAD Micco, FL 32976 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETER HARRIS 9980 SEBASTIAN RIVER DRIVE Micco, FL 32976 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **DATE** MAR 1, 2005 **Daytime Phone #** 7726332251