


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90424 025 ****55.00

DOCUMENT # L04000050999			
1. Entity Name MARSHA NORTH RILEY, LLC			
Principal Place of Business 1415 SADLER ROAD FERNANDINA BEACH, FL 32034		Mailing Address 1415 SADLER ROAD FERNANDINA BEACH, FL 32034	
2. Principal Place of Business 1925 S. 14th St.		3. Mailing Address 1925 S. 14th St.	
Suite, Apt. #, etc. SUITE 4		Suite, Apt. #, etc. SUITE 4	
City & State FERNANDINA BEACH, FL		City & State FERNANDINA BEACH, FL	
Zip 32034	Country NASSAU	Zip 32034	Country NASSAU
4. FEI Number 20-1331417		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RILEY, MARSHA N 1415 SADLER ROAD FERNANDINA BEACH, FL 32034		7. Name and Address of New Registered Agent Name MARSHA N. RILEY Street Address (P.O. Box Number is Not Acceptable) 1925 S. 14TH ST, SUITE 4 City FERNANDINA BEACH, FL Zip Code 32034	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		MGR MARSHA NORTH RILEY 1925 S. 14TH ST. SUITE 4 FERNANDINA BEACH, FL 32034	
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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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: <i>Marsha North Riley</i> MARSHA NORTH RILEY 4/1/05 904-583-1317 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			