

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90024 041 ****55.00

DOCUMENT # L04000050999					
1. Entity Name MARSHA NORTH RILEY, LLC					
Principal Place of Business 503-B CENTRE ST. FERNANDINA BEACH, FL 32034			Mailing Address 503-B CENTRE ST. FERNANDINA BEACH, FL 32034		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1331417	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RILEY, MARSHA N 1925 S 14TH ST STE 4 FERNANDINA BEACH, FL 32034				7. Name and Address of New Registered Agent Name: <u>RILEY, MARSHA N.</u> Street Address (P.O. Box Number is Not Acceptable): <u>503B CENTRE ST</u> City: <u>FERNANDINA BEACH</u> FL Zip Code: <u>32034</u>	
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: <u>Marsha North Riley, LLC</u> DATE: <u>4/2/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RILEY, MARSHA N 1925 S 14TH ST STE 4 FERNANDINA BEACH, FL 32034		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RILEY, MARSHA N. 503B CENTRE ST FERNANDINA BEACH, FL 32034	
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	
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 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: <u>MARSHA NORTH RILEY, LLC</u> <u>Marsha North Riley</u> <u>4/2/2007</u> <u>904-583-1317</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					