

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 16 PM 2:33

DOCUMENT # L04000054808	
1. Entity Name RIVER ROAD ASSOCIATES #1, LLC	

Principal Place of Business 1710 RIVER ROAD, UNIT 1 JACKSONVILLE, FL 32207	Mailing Address P.O. BOX 550855 JACKSONVILLE, FL 32255
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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

01152009 REIN-LLC CR2E101 (1/07)

4. FEI Number NOT APPLICABLE		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MATTHEWS, JAMES M 1710 RIVER ROAD, UNIT 1 JACKSONVILLE, FL 32207		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 James M. Matthews DATE 1/15/09

Signature of registered agent required when reinstating

Did not receive proper notice in 2008.		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MATTHEWS, JAMES M 1710 RIVER ROAD, UNIT 1 JACKSONVILLE, FL 32207 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 300143345903 02/11/09--01005--006 **138.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR STUCKEY, ALEX P 5638 COMMONWEALTH AVE JACKSONVILLE, FL 32254 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition REINSTATEMENT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition w/o/p 2008
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition del
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: James M. Matthews DATE 1/15/09 904-891-2363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE