


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

03-17-2005 90137 049 ****50.00

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| DOCUMENT # L04000063502 |  |
| 1. Entity Name RIVER GLEN, LLC | |

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| Principal Place of Business 2251 ST. JOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 32246 | Mailing Address 2251 ST. JOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 32246 |
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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |



03092005 Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 20-1615609 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent AHERN, FRED L JR. 2215 SOUTH THIRD STREET SUITE 101 JACKSONVILLE BEACH, FL FL | 7. Name and Address of New Registered Agent Name JOHN W. SHEA Street Address (P.O. Box Number is Not Acceptable) 2251 ST. JOHNS BLUFF ROAD SOUTH City JACKSONVILLE, FL Zip Code 32246 |
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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 *John W. Shea* **JOHN W. SHEA** DATE **3/14/2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$50.00 Due by May 1, 2005 | 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 SHEA, TIMOTHY 2251 ST. JOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 32246 <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 SHEA, JOHN 2251 ST. JOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 32246 <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 60B, Florida Statutes.

SIGNATURE: *John W. Shea* **JOHN W. SHEA** DATE **3/14/2005** DAYTIME PHONE # **(904) 645-0003**

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