


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90155 019 \*\*\*\*50.00

<b>DOCUMENT # L04000066518</b>	
1. Entity Name COLD RIVER STATION, L.L.C.	

Principal Place of Business 6273 DUPONT STATION COURT JACKSONVILLE, FL 32217	Mailing Address 5150 BELFORT ROAD, BLDG. 100 JACKSONVILLE, FL 32256
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20025743

2. Principal Place of Business 10151 Deerwood Pk Blvd.	3. Mailing Address 10151 Deerwood Pk Blvd.
Suite, Apt. #, etc. Bldg 200, Ste 120	Suite, Apt. #, etc. Bldg 200, Ste 120
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32256	Country Duval



03242005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
20-1619601

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  SCHNEIDER, MICHAEL N 5150 BELFORT ROAD, BLDG. 100 JACKSONVILLE, FL 32256	7. Name and Address of New Registered Agent Name Bradley K. Kennington Street Address (P.O. Box Number is Not Acceptable) 10151 Deerwood Park Blvd. Bldg 200, Ste 120 City Jacksonville, FL Zip Code 32256
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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 Bradley K. Kennington  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	Manager Sparks, Allen 10151 Deerwood Pk Blvd, 200-120 Jacksonville, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Kennington, Bradley K. 10151 Deerwood Pk Blvd. 200-120 Jacksonville, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Walker, Loris 10151 Deerwood Park Blvd 200-120 Jacksonville, FL 32256 <input type="checkbox"/> Change <input checked="" 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
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
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: Bradley K. Kennington Bradley K. Kennington 3/30/05 (904) 997-9878  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #