

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Florida  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 SEP -5 AM 10:35

DOCUMENT # L04000066518

1. Entity Name  
COLD RIVER STATION, L.L.C.



Principal Place of Business  
10151 DEERWOOD PK. BLVD.  
BLDG 200, SUITE 120  
JACKSONVILLE, FL 32256

Mailing Address  
10151 DEERWOOD PK. BLVD.  
BLDG 200, SUITE 120  
JACKSONVILLE, FL 32256



01232007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

KENNINGTON, BRADLEY K  
10151 DEERWOOD PARK BLVD.  
BLDG. 200, SUITE 120  
JACKSONVILLE, FL 32256

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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, 2007**

400109298714  
09/11/07--01024--011 \*\*50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SPARKS, ALLEN  
10151 DEERWOOD PK BLVD, 200-120  
JACKSONVILLE, FL 32256

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KENNINGTON, BRADLEY K  
10151 DEERWOOD PK BLVD. 200-120  
JACKSONVILLE, FL 32256

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
WALKER, LORIS  
10151 DEERWOOD PK. BLVD 200-120  
JACKSONVILLE, FL 32256

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

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

Date

Daytime Phone #

4/15/2007