


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # L04000066518 1. Entity Name COLD RIVER STATION, L.L.C.	
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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
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1619601	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000849516 03/21/08-80021-017 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	3/3/08 <small>Date</small>	904-997-9878 <small>Daytime Phone #</small>
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