(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP MAIL (Business Entity Name) (Document Number) Certified Copies _ Certificates of Status Special Instructions to Filing Officer;

Office Use Only

800082662098

12/27/06--01024--003 **55.00

COVER LETTER

•	stration Section sion of Corporations	
	, 1	
SUBJECT	River Road Development	LLC
SCHOLCI.		f Limited Liability Company)
Dear Sir or N	Madam:	
The enclosed	d Registered Agent/Registered	1 Office Change and fee(s) are submitted for filing.
Please return	all correspondence concerning	ng this matter to the following:
Frederick F	R Brock	
Trederior	(Name of Person)	
Gartner, B	rock, and Simon	
	(Firm/Company)	
1660 Prude	ential Drive, Dupont Center	r, Suite 203
	(Address)	
Jacksonville	e, FL 32207	
	(City/State and Zip Code)	
For further i	nformation concerning this ma	atter, please call:
Frederick R	R. Brock	at (904) 399-0870
	(Name of Person)	(Area Code & Daytime Telephone Number
	EET/COURIER ADDRESS:	MAILING ADDRESS:
	stration Section sion of Corporations	Registration Section Division of Corporations
Clifto	on Building	P.O. Box 6327
	Executive Center Circle hassee, Florida 32301	Tallahassee, Florida 32314
Encl	losed is a check for the follow	ving amount:
□\$2	25 Filing Fee	✓ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provis liability company submagent, or both, in the St	ions of sections 608 its the following stat ate of Florida.	.416 or 608.508, Florida Statut tement in order to change its reg	es, the undersigned limited gistered office or registered
1. The name of the lim	ited liability company	y is: River Road Development, LLC	·
2. The mailing address	of the limited liabilit	ty company is : 991C Lomas Santa	a Fe Drive #441
Solana Beach, CA 9207			
October 4, 2004		L0400071773	
3. Date of filing/registration in Florida 4. Document nu		 ımber	
	stered agent and the roof State:	registered office address as showr	on the records of the
	Jeffrey D. Soud		_
	222 E. Boy Stroo	Name	<u> </u>
	223 E. Bay Street, Suite L-3 Address		
Jacksonville, FL 32202			SECRET VISION C
		City, State and Zip	- CONTACTOR
6. The name and address	ss of the new register	ed agent and/or office:	FILED TARY OF OF CORP 27 PM
	Frederick R. Bro	ck	- 1
	4000 0 1 11 15	Name	ATIC
		Orive, Dupont Center, Suite 203	ž
•	Florida street add	dress (P.O. Box NOT acceptable)	l.
	Jacksonville	FL 32207	
	Ci	ty, State and Zip	
confirmed that after the and the business office liability company, it is	change or changes a of the registered ager hereby confirmed tha limited liability compaent of the limited liab		s of the registered office te of a Florida limited ted by an affirmative vote
	·		
Curtis L. Farber, Sole M (Printed or typed name of sign			
· · · · ·	pointment as register ons of all statutes rel and accept the obligation is be that the limited lider.	ed agent and agree to act in this of ative to the proper and complete stions of my position as registered ing filed to merely reflect a changability company has been notified	capacity. I further agree to performance of my duties, I agent as provided for in 3e in the registered office in writing of this change.
		s, P.O. Box 6327, Tallahassee, F	L 32314

FILING FEE: \$25.00

INHS18 (8/05)