

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am,**  
**Secretary of State**

05-08-2008 90102 025 \*\*\*138.75

**60040176**



<b>DOCUMENT # L04000082151</b>	
1. Entity Name <b>BANANA RIVER MAINTENANCE, LLC</b>	



Principal Place of Business <b>157 N ORLANDO AVE COCOA BEACH, FL 32931 US</b>	Mailing Address <b>157 N ORLANDO AVE COCOA BEACH, FL 32931 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. <b>473 Blakey Blvd</b>	Suite, Apt. #, etc. <b>473 Blakey Blvd</b>
City & State <b>Cocoa Beach FL</b>	City & State <b>Cocoa Beach FL</b>
Zip <b>32931</b>	Zip <b>32931</b>
Country <b>USA</b>	Country <b>USA</b>

01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>57-1218142</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>PETERS, SAMUEL R 157 N ORLANDO AVE COCOA BEACH, FL 32931</b>	
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7. Name and Address of New Registered Agent Name <b>Samuel R. Peters</b> Street Address (P.O. Box Number is Not Acceptable) <b>473 Blakey Blvd</b> City <b>Cocoa Beach FL</b> Zip Code <b>32931</b>	
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/5/08**

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PETERS, SAMUEL R 157 N ORLANDO AVE COCOA BEACH, FL 32931</b> <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
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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/5/08**