

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90015 013 \*\*\*\*55.00

**DOCUMENT # L04000090094**

1. Entity Name  
**RIVER'S EDGE, LLC**



Principal Place of Business  
**520 S. BANANA RIVER DRIVE  
MERRITT ISLAND, FL 32952**

Mailing Address  
**520 S. BANANA RIVER DRIVE  
MERRITT ISLAND, FL 32952**

**40091238**



04272006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business

**540 S. Banana River Dr.**

Suite, Apt. #, etc.

**#106**

City & State

**Merritt Island, FL**

Zip

**32952**

Country

**U.S.A**

3. Mailing Address

**540 S. Banana River Dr.**

Suite, Apt. #, etc.

**#106**

City & State

**Merritt Island, FL**

Zip

**32952**

Country

**U.S.A**

4. FEI Number  
**51-0534139**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOSLEY, CURTIS R  
1221 EAST NEW HAVEN AVE.  
MELBOURNE, FL 32901**

7. Name and Address of New Registered Agent

Name  
**Michael McPhillips**  
Street Address (P.O. Box Number is Not Acceptable)  
**540 S. Banana River Dr.**  
**#106**  
City  
**Merritt Island, FL** Zip Code  
**32952**

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

*Michael McPhillips*

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

(NOTE: Registered Agent signature required when reinstating)

**4/27/06**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MCPHILLIPS, MICHAEL  
520 S. BANANA RIVER DRIVE  
MERRITT ISLAND, FL 32952** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DERISO, JAMES E  
520 S. BANANA RIVER DRIVE  
MERRITT ISLAND, FL 32952** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ 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:

*Michael McPhillips*

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

**4/27/06**

Date

Daytime Phone #