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Aug 23, 2006 8:00 am
Secretary of State

08-15-2006 90091 001 ***110.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000006136

1. Entity Name
INDIAN RIVER PRESERVE, LLC

Principal Place of Business	Mailing Address
C/O HARVARD APARTMENTS 1501 HARVARD CIRCLE MELBOURNE, FL 32905	C/O HARVARD APARTMENTS 1501 HARVARD CIRCLE MELBOURNE, FL 32905
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07022006 Chg-LLC CR2E083 (11/05)

4. FEI Number 76-0777439 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired [initialed] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KIPPER, DAVID C/O HARVARD APARTMENTS 1501 HARVARD CIRCLE MELBOURNE, FL 32905	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGRM NAME: WILF, LEONARD A. STREET ADDRESS: 820 MORRIS TRNPIKE CITY-ST-ZIP: SHORT HILLS NJ 07078	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / 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: [signature] 7-3-06 321-956-3050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #