

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 19, 2008 8:00 am
Secretary of State

DOCUMENT # L05000006136

1. Entity Name

INDIAN RIVER PRESERVE, LLC



05-19-2008 90349 001 ***277.50

Principal Place of Business

C/O HARVARD APARTMENTS
1501 HARVARD CIRCLE
MELBOURNE FL 32905

Mailing Address

C/O HARVARD APARTMENTS
1501 HARVARD CIRCLE
MELBOURNE FL 32905



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

City & State

4. FEI Number

76-0777439

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$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 Hoffman, mark

Street Address (P.O. Box Number is Not Acceptable)

610 Harvard - Construction

1501 Harvard Circle

Melbourne

FL

32905

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

April 28 2008

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	MGRM	<input type="checkbox"/> Delete
NAME	WILF, LEONARD A	
STREET ADDRESS	820 MORRIS TRNPK	
CITY - ST - ZIP	SHORT HILLS NJ 07078	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #