

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90029 001 \*\*\*\*50.00

**DOCUMENT # L05000016307**

1. Entity Name  
**MYAKKA RIVER COMPANY, LLC**



Principal Place of Business  
**1720 EL JOBEAN ROAD  
SUITE 204  
PORT CHARLOTTE, FL 33948 US**

Mailing Address  
**P.O. BOX 380129  
MURDOCK, FL 33938 US**

\*\*\*\*\*



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092007 Chg-LLC CR2E083 (12/06)

4. FEI Number **51-0535710**  
~~NOT APPLICABLE~~

Applied For  
Not Applicable

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

**JONES, MICHAEL S  
1720 EL JOBEAN ROAD  
SUITE 204  
PORT CHARLOTTE, FL 33948**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
INDRIO LAND COMPANY  
1720 EL JOBEAN ROAD, SUITE 204  
PORT CHARLOTTE, FL 33948** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
MULOCK, JEB C  
1402 E. IDLEWILD AVENUE  
TAMPA, FL 33604** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
**1219 63 Street NW  
Bradenton, FL 33409**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
MULOCK, BRE J  
1402 E. IDLEWILD AVENUE  
TAMPA, FL 33604** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
**1219 63 Street NW  
Bradenton, FL 33409**

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☐ 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 S. Jones*

1-9-07

(941) 206-2318