


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2008 8:00 am
Secretary of State


01-18-2008 90020 030 ***138.75

DOCUMENT # L05000016307 1. Entity Name MYAKKA RIVER COMPANY, LLC	
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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
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DO NOT WRITE IN THIS SPACE

60002495



01082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 51-0535716	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INDRIO LAND COMPANY 1720 EL JOBEAN ROAD, SUITE 204 PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MULOCK, JEB C 1219 63 STREET NW BRADENTON, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MULOCK, BRE J 1219 63 STREET NW BRADENTON, FL 33409
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: M. Jones 1-14-08 (941) 206-2318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #