2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: RIVERBREEZE ENTERPRISES, LLC

Current Principal Place of Business:

1210 RIVERBREEZE BLVD
ORMOND BEACH, FL 32176 US

New Principal Place of Business:

Current Mailing Address:

1210 RIVERBREEZE BLVD
ORMOND BEACH, FL 32176 US

New Mailing Address:

FEI Number: 20-2417881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELCH, MATTHEW S ESQ
222 SEABREEZE BLVD
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BARNES, GORDON W
Address: 109 TURNBERRY LANE
City-St-Zip: MOORESVILLE, NC 28117 US

Title: MGRM ( ) Delete
Name: BARNES, RITA R
Address: 109 TURNBERRY LANE
City-St-Zip: MOORESVILLE, NC 28117 US

Title: MGRM ( ) Delete
Name: LAVERY, BRIAN P
Address: P.O. BOX 933
City-St-Zip: WAITESFILED, VT 05673 US

Title: MGRM ( ) Delete
Name: SHATTUCK, CAROLYN R
Address: P.O. BOX 933
City-St-Zip: WAITESFILED, VT 05673 US

Title: MGRM ( ) Delete
Name: FISHER, C.L. III
Address: 1210 RIVERBREEZE BLVD
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: MGRM ( ) Delete
Name: SHATTUCK, CORAL E
Address: 1210 RIVERBREEZE BLVD
City-St-Zip: ORMOND BEACH, FL 32176 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BARNES, GORDON W
Address: 147 BILLY JO RD
City-St-Zip: MOORESVILLE, NC 28117 US

Title: MGRM (X) Change ( ) Addition
Name: BARNES, RITA R
Address: 147 BILLY JO RD
City-St-Zip: MOORESVILLE, NC 28117 US

Title: MGRM (X) Change ( ) Addition
Name: SHATTUCK, MARTY O
Address: P.O. BOX 3009
City-St-Zip: PARK CITY, UT 84060 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CORAL E. SHATTUCK SEC 04/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date