

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024012

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: PEACE RIVER RESIDENTIAL LAND , LLC

**Current Principal Place of Business:**

244 IMPERIAL LANE  
LAUDERDALE BY THE SEA, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 480142  
FORT LAUDERDALE, FL 333480142

**New Mailing Address:**

FEI Number: 51-0543437

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AUSTIN, SCOTT R  
2424 N FEDERAL HIGHWAY  
SUITE 462  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

WOJTOWICZ, EDWARD J  
244 IMPERIAL LANE  
LAUDERDALE BY THE SEA, FL 33308 US

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: EDWARD WOJTOWICZ

04/28/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WOJTOWICZ, EDWARD J  
Address: 244 IMPERIAL LANE  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: MGR ( ) Delete  
Name: WOJTOWICZ, SUZANNE K  
Address: 244 IMPERIAL LANE  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

**ADDITIONS/CHANGES:**

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 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: EDWARD WOJTOWICZ

MGR

04/28/2007

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