

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047499

FILED  
Jan 06, 2006  
Secretary of State

**Entity Name:** BANANA RIVER INVESTMENT COMPANY, LLC

**Current Principal Place of Business:**

3120 SANDALWOOD LANE  
TITUSVILLE, FL 32780 US

**New Principal Place of Business:**

**Current Mailing Address:**

3120 SANDALWOOD LANE  
TITUSVILLE, FL 32780 US

**New Mailing Address:**

PO BOX 973  
TITUSVILLE, FL 32781 US

**FEI Number:** 20-2871629

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HIGHTOWER, KEITH  
3120 SANDALWOOD LANE  
TITUSVILLE, FL 32780 US

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

HIGHTOWER, KEITH  
PO BOX 973  
TITUSVILLE, FL 32781 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:**

01/06/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HIGHTOWER, PATRICIA A  
Address: PO BOX 973  
City-St-Zip: TITUSVILLE, FL 32781 US

Title: MGRM ( ) Delete  
Name: HIGHTOWER, KEITH L  
Address: PO BOX 973  
City-St-Zip: TITUSVILLE, FL 32781 US

**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 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:** KEITH HIGHTOWER

MGRM

01/06/2006

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