


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90010 046 \*\*\*\*50.00

<b>DOCUMENT # L05000051570</b> 1. Entity Name <b>COLD RIVER PROPERTIES, L.L.C.</b>					
Principal Place of Business <b>10151 DEERWOOD PARK BOULEVARD BLDG 200 STE 120 JACKSONVILLE, FL 32255</b>			Mailing Address <b>10151 DEERWOOD PARK BOULEVARD BLDG 200 STE 120 JACKSONVILLE, FL 32255</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ANSBACHER &amp; SCHNEIDER 10151 DEERWOOD PARK BOULEVARD BLDG 200 STE 120 JACKSONVILLE, FL 32255</b>				Name <b>Kennington, Bradley K.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10151 Deerwood Park Blvd.</b> <b>Building 200, Suite 120</b> City <b>Jacksonville</b> <b>FL</b> <b>32256</b>	
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 <i>Bradley K. Kennington</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <b>4/26/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: <i>Bradley K. Kennington</i> <i>Bradley K. Kennington</i> <b>4/26/06</b> <b>904-997-9878</b></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					