

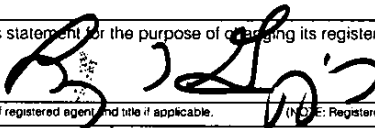
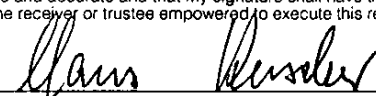


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

07-13-2006 90080 008 \*\*\*\*50.00

<b>DOCUMENT # L05000056245</b>					
<b>1. Entity Name</b> THE COTTAGES AT RIVER PLACE LIMITED LIABILITY COMPANY					
<b>Principal Place of Business</b> 6401 A1A SAINT AUGUSTINE, FL 32080			<b>Mailing Address</b> 6401 A1A SAINT AUGUSTINE, FL 32080		
<b>2. Principal Place of Business</b> 1301 Plantation Island Dr. Suite, Apt. #, etc. Ste. 202B City & State St. Augustine, FL Zip 32080 Country US		<b>3. Mailing Address</b> 1301 Plantation Island Dr. Suite, Apt. #, etc. Ste. 202B City & State St. Augustine, FL Zip 32080 Country US			
06092006 Chg-LLC CR2E083 (11/05)				<b>4. FEI Number</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				<b>6. Name and Address of Current Registered Agent</b> FARLEY, EDWARD 6401 A1A SAINT AUGUSTINE, FL 32080	
<b>7. Name and Address of New Registered Agent</b> Name Larry T. Briggs Street Address (P.O. Box Number is Not Acceptable) 1301 Plantation Island Dr. S. 8 City St. Augustine FL Zip Code 32080				<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.</b> SIGNATURE  DATE 6/9/06	
<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>		<b>9. MANAGING MEMBERS/MANAGERS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARFINKEL, ALAN 6401 A1A SAINT AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Claus Kerscher 507 Lakeway Dr. St. Augustine, FL 32080	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FARLEY, EDWARD 6401 A1A SAINT AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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
<b>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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					