2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# L05000057283

Entity Name: COCOHATCHEE RIVER, LLC

Current Principal Place of Business:

11983 TAMIAMI TRAIL N.
100
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

11983 TAMIAMI TRAIL N.
100
NAPLES, FL 34110

New Mailing Address:

FEI Number: 20-2976489 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE REGISTERED AGENT, LLC
5147 CASTELL DRIVE
NAPLES, FL 34103 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:	HOVLAND, STEVE	
Address:	11983 TAMIAMI TRAIL N.	
City-St-Zip:	NAPLES, FL 34110	
Title:	MGRM	( ) Delete
Name:	COMMERCE, DAN	
Address:	11983 TAMIAMI TRAIL N.	
City-St-Zip:	NAPLES, FL 34110	
Title:	MGRM	( ) Delete
Name:	REILING, WILLIAM	
Address:	11983 TAMIAMI TRAIL N.	
City-St-Zip:	NAPLES, FL 34110	
Title:	MGRM	( ) Delete
Name:	HOVERSTEN, GARFIELD	
Address:	11983 TAMIAMI TRAIL N.	
City-St-Zip:	NAPLES, FL 34110	
Title:	MGRM	( ) Delete
Name:	DIGRE, DANIEL	
Address:	11983 TAMIAMI TRAIL N.	
City-St-Zip:	NAPLES, FL 34110	
Title:	MGRM	( ) Delete
Name:	MARKHAM, KEITH	
Address:	11983 TAMIAMI TRAIL N.	
City-St-Zip:	NAPLES, FL 34110	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: STEVEN T. HOVLAND MGRM 01/09/2009

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