

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000058454

1. Entity Name
RIVER SHORES AT JENA, LLC



Principal Place of Business
P. O. BOX 815
CARRABELLE, FL 32322 US

Mailing Address
P. O. BOX 815
CARRABELLE, FL 32322 US

FILED
08 APR 29 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04152008No Chg-LLC CR2E083 (12/07)

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4. FEI Number 20-2985478	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

LAWHON, MARY W
P. O. BOX 815
CARRABELLE, FL 32322

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME LAWHON, MARY W MGRM
STREET ADDRESS P. O. BOX 815
CITY-ST-ZIP CARRABELLE, FL 32322

TITLE MGRM
NAME WILSON, JEFFERY M
STREET ADDRESS 308 MCDANIEL STREET
CITY-ST-ZIP TALLAHASSEE, FL 32303

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IN THIS SPACE**

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.

SIGNATURE: [Signature] 4/29/08 (850) 509-9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #