

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # L05000067803

1. Entity Name
FLORIDA RIVERFRONT INVESTMENTS, LLC



Principal Place of Business
**431 CHAMPAGNE CIRCLE
PORT ORANGE, FL 32127**

Mailing Address
**431 CHAMPAGNE CIRCLE
PORT ORANGE, FL 32127**



02232008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3122089

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SNELL LEGAL
700 WEST GRANDAD BLVD., SUITE 107
ORMOND BEACH, FL 32174**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TODD, EDWARD
STREET ADDRESS	431 CHAMPAGNE CIRCLE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	MGRM
NAME	LUBKE, JULIE
STREET ADDRESS	431 CHAMPAGNE CIRCLE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	MGRM
NAME	WYSOCARSKI, RON
STREET ADDRESS	431 CHAMPAGNE CIRCLE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	MGRM
NAME	CAMPBELL, MICHELLE
STREET ADDRESS	431 CHAMPAGNE CIRCLE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	MGRM
NAME	BILLMEIER, DAVID
STREET ADDRESS	431 CHAMPAGNE CIRCLE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000868668
04/09/08-80019-001 138.75

**DO NOT WRITE
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/18/08