

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077681

FILED
Apr 10, 2009
Secretary of State

Entity Name: PEACE RIVER LAND GROUP, LLC

Current Principal Place of Business:

11220 METRO PARKWAY, SUITE 27
FT. MYERS, FL 33966

New Principal Place of Business:

Current Mailing Address:

11220 METRO PARKWAY, SUITE 27
FT. MYERS, FL 33966

New Mailing Address:

FEI Number: 20-3283017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KERVER, W. MICHAEL
11220 METRO PARKWAY, SUITE 27
FT. MYERS, FL 33966 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: MGR () Delete
Name: SEITZ, A. JEFFREY
Address: 4215 EAST 60TH STREET, SUITE #6
City-St-Zip: DAVENPORT, IA 52807

Title: MGR () Delete
Name: SALATA, RICHARD
Address: 6715 TIPPECANOE ROAD, BUILDING B
City-St-Zip: CANFIELD, OH 44406

Title: MGR () Delete
Name: BROOKS, DONALD E
Address: 5661 INDEPENDENCE CIR STE 1
City-St-Zip: FT. MYERS, FL 33912

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:

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: W. MICHAEL KERVER

VP

04/10/2009

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