## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000078056

City-St-Zip: TALLAHASSEE, FL 32311

FILED Apr 30, 2007 Secretary of State

Entity Name: RIVERSHORES AT JENA HOMEOWNERS ASSOCIATION LLC

| Current Principal Place of Business:          |   |                             | New Principal Plac                          | New Principal Place of Business:          |  |
|---|---|-----------------------------|---|---|--|
| P. O. BOX<br>CARRABE                          | ( 815<br>ELLE, FL 32322                                     | US                          |   |   |  |
| Current Mailing Address:                      |   |                             | New Mailing Addre                           | New Mailing Address:                      |  |
| P. O. BOX<br>CARRABE                          | ( 815<br>ELLE, FL 32322                                     | US                          |   |   |  |
| FEI Number:                                   |   | FEI Number Applied For (X)  | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )         |  |
| Name and Address of Current Registered Agent: |   |                             | Name and Address                            | Name and Address of New Registered Agent: |  |
| CARRABE                                       | ÍRINE STREET<br>ELLE, FL 32322                              |                             | ne purpose of changing its registe          | red office or registered agent, or both   |  |
| SIGNATU                                       | RE:   |                             |   |   |  |
|   | Electroni   | c Signature of Registered . | Agent                                       | Date                                      |  |
| MANAGING MEMBERS/MANAGERS:                    |   |                             | ADDITIONS/CHANGES:                          | ADDITIONS/CHANGES:                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | MGRM () I<br>LAWHON, MARY<br>P. O. BOX 815<br>CARRABELLE, F |                             | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition                       |  |
| Title:<br>Name:<br>Address:                   | MGRM () I<br>WILSON, JEFFE<br>4571 BRIAR POS                |                             | Title:<br>Name:<br>Address:                 | () Change () Addition                     |  |

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: MARY E. LAWHON MGRM 04/30/2007