

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078149

Entity Name: NEW RIVER SERVICES, LLC

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

333 NORTH NEW RIVER DRIVE, EAST, STE 4000
FORT LAUDERDALE, FL 33301

Current Mailing Address:

333 NORTH NEW RIVER DRIVE, EAST, STE 4000
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

333 NORTH NEW RIVER DRIVE EAST
4TH FLOOR
FORT LAUDERDALE, FL 33301

New Mailing Address:

333 NORTH NEW RIVER DRIVE EAST
4TH FLOOR
FORT LAUDERDALE, FL 33301

FEI Number: 33-1123693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOTTA, JAMES D
333 NORTH NEW RIVER DRIVE, EAST, STE 4000
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

MOTTA, JAMES D
333 NORTH NEW RIVER DRIVE EAST
4TH FLOOR
FORT LAUDERDALE, FL 33301 US

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: JAMES D. MOTTA

01/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOTTA GROUP, LLC,
Address: 333 NORTH NEW RIVER DRIVE, EAST, STE 4000
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOTTA GROUP, LLC,
Address: 333 NORTH NEW RIVER DRIVE EAST - 4TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33301

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: JAMES D. MOTTA

MGRM

01/07/2008

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