


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90364 009 \*\*\*\*50.00

**DOCUMENT # L05000084489**

1. Entity Name  
**JOSE GUADELUPE RIVER LLC**



Principal Place of Business  
**1475 WOODLAKE DRIVE**  
**SUITE K 173**  
**LAKELAND, FL 33803 US**

Mailing Address  
**1475 WOODLAKE DRIVE**  
**SUITE K 173**  
**LAKELAND, FL 33803 US**

2. Principal Place of Business - No P.O. Box #  
**1475 Woodlake Dr.**

3. Mailing Address  
**1475 Woodlake Dr.**

Suite, Apt. #, etc.  
**G 210**


City & State  
**Lakeland FL**

City & State  
**Lakeland FL**

Zip  
**33803**

Country  
**US**

4112007



04112007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-3368675**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**RIVER, JOSE GUADELUPE**  
**1475 WOODLAKE DRIVE**  
**SUITE K 173**  
**LAKELAND, FL 33803**

7. Name and Address of New Registered Agent

Name  
**Jose Guadalupe Rivera**

Street Address (P.O. Box Number is Not Acceptable)  
**1475 Woodlake Dr.**

**G 210**

City  
**Lakeland FL 33803**

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 T. Guadalupe Rivera (NOTE: Registered Agent signature required when reinstating)

DATE 4/26/07

**Filing Fee is \$50.00 Due by May 1, 2007**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	RIVERA, JOSE GUADELUPE	2304 CRYSTAL PARK S	LAKELAND, FL 33801	<input type="checkbox"/>
MGRM	FLORES, GONSALO TERAN	2304 CRYSTAL PARK SOUTH	LAKELAND, FL 33801	<input checked="" type="checkbox"/>
MGRM	FLORES, GONSALO TERAN	2304 CRYSTAL PARK S	LAKELAND, FL 33801	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	Jose Ignacio Rivera	1475 Woodlake Dr. G 210	Lakeland FL 33803	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGRM	Pedro Espinoza Rivera	1475 Woodlake Dr G 210	Lakeland FL 33803	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: T. Guadalupe Rivera DATE 4/26/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE