

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089417

Entity Name: ELLIJAY RIVER CABIN, LLC

FILED
Apr 21, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 3319
SARASOTA, FL 34230

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3319
SARASOTA, FL 34230

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARAGIULO, PAUL
2120 ORCHID STREET
SARASOTA, FL 34239 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: CARAGIULO, PAUL
Address: P.O. BOX 3319
City-St-Zip: SARASOTA, FL 34230

Title: MGR () Delete
Name: CARAGIULO, ANTHONY
Address: P.O. BOX 3319
City-St-Zip: SARASOTA, FL 34230

Title: MGR () Delete
Name: CARAGIULO, ROBERT
Address: P.O. BOX 3319
City-St-Zip: SARASOTA, FL 34230

Title: MGR () Delete
Name: CARAGIULO, MARK
Address: P.O. BOX 3319
City-St-Zip: SARASOTA, FL 34230

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL CARAGIULO

MGR

04/21/2006

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