2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006
Secretary of State

DOCUMENT# L05000089472

Entity Name: RIVER'S EDGE NFM, LLC

Current Principal Place of Business:

12803 VILLA PINE CIR.
FT. MYERS, FL 33913

New Principal Place of Business:

12803 VISTA PINE CIRCLE
FT. MYERS, FL 33913

Current Mailing Address:

12803 VILLA PINE CIR.
FT. MYERS, FL 33913

New Mailing Address:

12803 VISTA PINE CIRCLE
FT. MYERS, FL 33913

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COSTELLO, TRUMAN J
12670 NEW BRITTANY BLVD.
SUITE 101
FT. MYERS, FL 33907 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: MGRM ( ) Delete
Name: FL GULF COAST PROPER, TIES, LLC
Address: 12803 VILLA PINE CIR.
City-St-Zip: FT. MYERS, FL 33913

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FL GULF COAST PARTNE, RS, LLC
Address: 12803 VISTA PINE CIR.
City-St-Zip: FT. MYERS, FL 33913

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: FL GULF COAST PARTNERS, LLC MGRM 01/20/2006

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