2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# L05000092453

Entity Name: LOST RIVER ROAD, LLC

Current Principal Place of Business:

17781 S.E. FEDERAL HWY.
TEQUESTA, FL 33469

New Principal Place of Business:

11911 U.S. 1
SUITE 309
NORTH PALM BEACH, FL 33408

Current Mailing Address:

17781 S.E. FEDERAL HWY.
TEQUESTA, FL 33469

New Mailing Address:

11911 U.S. 1
SUITE 309
NORTH PALM BEACH, FL 33408

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

Name and Address of Current Registered Agent:

RYAN, THOMAS F
17781 S.E. FED. HWY.
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

RYAN, THOMAS F
11911 U.S. 1
SUITE 309
NORTH PALM BEACH, FL 33408 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: THOMAS F. RYAN 04/12/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RYAN, THOMAS F
Address: 17781 S.E. FED. HWY.
City-St-Zip: TEQUESTA, FL 33469

Title: MGMR ( ) Delete
Name: RYAN, MICHAEL J
Address: 370 GOLF VIEW RD, UNIT 104
City-St-Zip: NORTH PALM BEACH, FL 33408 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RYAN, THOMAS F
Address: 11911 U.S. 1, SUITE 309
City-St-Zip: NORTH PALM BEACH, FL 33408

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: THOMAS F. RYAN MGRM 04/12/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date