

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90062 049 ****55.00

DOCUMENT # L05000103329 1. Entity Name PEACE RIVER BASIN PARTNERS, LLC					
Principal Place of Business 99 MESBIT STREET C/O JACK O. HACKETT II PUNTA GORDA, FL 33950			Mailing Address 99 MESBIT STREET C/O JACK O. HACKETT II PUNTA GORDA, FL 33950		
2. Principal Place of Business C/O JACK O. HACKETT II Suite, Apt. #, etc. 99 NESBIT STREET		3. Mailing Address 99 NESBIT STREET Suite, Apt. #, etc. 			
City & State PUNTA GORDA FL		City & State PUNTA GORDA, FL		4. FEI Number 03312006 Chg-LLC CR2E083 (11/05)	
Zip 33950		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HACKETT, JACK O II 99 MESBIT STREET FARR, FARR, EMERICH, HACKETT AND CARR PA PUNTA GORDA, FL 33950				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MGR EARTHBALANCE CORPORATION 2579 N. TOLEDO BLADE BLVD NORTH PORT, FL 34269			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
EARTHBALANCE CORPORATION SIGNATURE: By: Donald H. Ross					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DONALD H. ROSS, PRESIDENT				Date 4/6/06	
Daytime Phone # 941 426-7878					