

FILED
Apr 06, 2006 8:00 am
Secretary of State

DOCUMENT # L05000108390

Mailing Address
27528 BAYSHORE DRIVE, SW
BONITA SPRINGS, FL 34134

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

02272006 Chg-LLC CR2E083 (11/05)

4. FBI Number 20-4195467

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLZINGER, JEFFREY W
27528 BAYSHORE DRIVE, SW
BONITA SPRINGS, FL 34134

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2008

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	IMPERIAL RIVER FAMILY LIMITED PARTNERSHIP	
STREET ADDRESS	27528 BAYSHORE DRIVE, SW	
CITY - ST - ZIP	BONITA SPRINGS, FL 34134	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:

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

4-3-06

Date _____

239 992 5459

Daytime Phone #