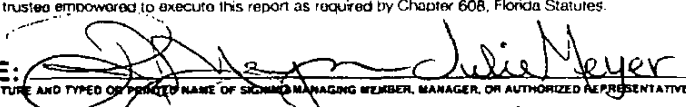


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/11/2006-90092-009-\$50.00-\$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:02

DOCUMENT # L05000113256			
1. Entity Name RIVER EDGE PROPERTIES, LLC			
Principal Place of Business 101 S. COURTENAY PARKWAY MERRITT ISLAND FL 32952 US		Mailing Address 101 S. COURTENAY PARKWAY MERRITT ISLAND FL 32952 US	
2. Principal Place of Business		3. Mailing Address P.O. Box 238454	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Cocoa, FL	
Zip	Country	Zip 32923	Country Brevard
5. Name and Address of Current Registered Agent MEYER, JULIE 101 S. COURTENAY PARKWAY MERRITT ISLAND FL 32952		4. FEI Number 83-0440396 Applied For Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
Name		City	
Street Address (P.O. Box Number is Not Acceptable)		Zip Code FL	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when renewing)	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MEYER, JULIE 101 S. COURTENAY PARKWAY MERRITT ISLAND FL 32952 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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.			
SIGNATURE: 		Date: 9-1-06 321-431-3500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	