2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L05000113256

1. Entity Name
RIVER EDGE PROPERTIES, LLC

Principal Place of Business	Mailing Address
101 S. COURTENAY PARKWAY MERRITT ISLAND FL 32952 US	101 S. COURTENAY PARKWAY MERRITT ISLAND FL 32952 US

2nd MOORE CR2E083 (4/06)

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

4. FEI Number 83-0440396 — 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
MEYER, JULIE 101 S. COURTENAY PARKWAY MERRITT ISLAND FL 32952	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

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
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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: Julie Meyer 9-1-06 321-431-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #