

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90081 006 \*\*\*\*50.00

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # L06000055649</b>   |   |   |  |  |  |
| <b>1. Entity Name</b><br>PEACE RIVER REAL ESTATE, LLC  |   |   |  |  |  |
| <b>Principal Place of Business</b><br>618 EASTON DR<br>LAKELAND FL 33803   |   |   | <b>Mailing Address</b><br>PO BOX 5231<br>LAKELAND FL 33807 |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>  |   |   | <b>3. Mailing Address</b>                                  |  |  |
| Suite, Apt. #, etc.  |   |   | Suite, Apt. #, etc.  |  |  |
| City & State   |   |   | City & State   |  |  |
| Zip  |   | Country   |  | Zip  |  |
| Country  |   | Country   |  | 4. FEI Number <b>20-2760106</b>  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |   |   |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>RIDNER, ZACHARY J<br>618 EASTON DR<br>LAKELAND FL 33803  |   |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>State <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____   |   |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2007</b>   |   |   |  |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |   |  | <b>10. ADDITIONS/CHANGES</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>RIDNER, ZACHARY J<br>618 EASTON DR<br>LAKELAND FL 33803 | <input type="checkbox"/> Delete                                   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP              | <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 Section 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. |   |   |  |  |  |
| <b>SIGNATURE:</b> <i>[Signature]</i> <b>Zachary J. Ridner</b> <i>Managing Member</i> <b>2/21/06</b> <b>813-640-0016</b>  |   |   |  |  |  |