


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90132 044 ***138.75

DOCUMENT # L06000068818 1. Entity Name NEW RIVER GROUP, LLC	
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Principal Place of Business 95412 SPINNAKER DRIVE AMELIA ISLAND, FL 32034	Mailing Address 95412 SPINNAKER DRIVE AMELIA ISLAND, FL 32034
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5177975	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KNEE, KATHRYN 59 MARSH CREEK ROAD AMELIA ISLAND, FL 32034
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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 consenting)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HICKS, JOHN 95412 SPINNAKER DRIVE AMELIA ISLAND, FL 32034
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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 OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #