FILED
Apr 19, 2007 8:00 am
Secretary of State
02-21-2007 90104 005 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000090300

1. Entity Name

CANE RIVER, LLC

30005179

1st MOORE CR2E083 (10/06)

Principal Place of Business
14450 STIRLING ROAD
FT. LAUDERDALE FL 33330

Mailing Address
14450 STIRLING ROAD
FT. LAUDERDALE FL 33330

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

4. FEI Number: 20-8237691 — Applied For / Not Applicable

5. Certificate of Status Desired — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TOKARZ, JANINA
14450 STIRLING ROAD
FT. LAUDERDALE FL 33330

7. Name and Address of New Registered Agent

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 May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Janina Tokarz 14450 Stirling Road SW Ranches FL 33330 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Boleslow Tokarz 14450 Stirling Road SW Ranches, FL 33330 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President ☐ 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
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

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.

SIGNATURE: [signature] President 2/5/07 954 680 2297
Signature and typed or printed name of signing managing member, manager, or authorized representative — Date — Daytime Phone #