

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101540

FILED  
Jul 18, 2007  
Secretary of State

**Entity Name:** RIVER VILLAGE ON THE STEINHATCHEE, LLC

**Current Principal Place of Business:**

5957 HIGHWAY 358 (GENA ROAD)  
STEINHATCHEE, FL 32359

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5050  
OLD TOWN, FL 32680

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CLARK, RONALD E ESQ.  
501 ST. JOHNS AVENUE  
PALATKA, FL 32177 US

**Name and Address of New Registered Agent:**

BEAN, BECKYJO M  
6278 N FEDERAL HY #430  
FORT LAUDERDALE, FL 33308 US

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.

SIGNATURE: BECKYJO BEAN

07/18/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KINNARD, CHARLIE  
Address: P.O. BOX 5050  
City-St-Zip: OLD TOWN, FL 32680

Title: P ( ) Delete  
Name: KINNARD, CHARLIE  
Address: P.O. BOX 5050  
City-St-Zip: OLD TOWN, FL 32680

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES R. KINNARD

MM

07/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date