

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000022092

FILED
Jan 28, 2008
Secretary of State

Entity Name: CONECUH RIVER PARTNERS LLC

Current Principal Place of Business:

9428 BAYMEADOWS RD. SUITE 230
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9428 BAYMEADOWS RD. SUITE 230
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-8529235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAVALIEROS, NIKOLAS
8102 SABAL OAK LANE
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MNGR () Change (X) Addition
Name: RITCH, TIMOTHY S
Address: 9428 BAYMEADOWS RD. SUITE 230
City-St-Zip: JACKSONVILLE, FL 32256

Title: MNGR () Change (X) Addition
Name: BOREE, GREGORY G
Address: 9428 BAYMEADOWS RD., SUITE 230
City-St-Zip: JACKSONVILLE, FL 32256

Title: MNGR () Change (X) Addition
Name: KAVALIEROS, NIKOLAS
Address: 8102 SABAL OAK LN
City-St-Zip: JACKSONVILLE, FL 32256

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: NIKOLAS KAVALIEROS

MNGR

01/28/2008

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