


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 30, 2008 8:00 am**  
**Secretary of State**

07-30-2008 90009 032 \*\*\*138.75

<b>DOCUMENT # L07000031843</b>	
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<b>1. Entity Name</b> NEXT RIVER LLC	<b>Principal Place of Business</b> 307 WEST JEAN STREET TAMPA, FL 33604 US	<b>Mailing Address</b> 307 WEST JEAN STREET TAMPA, FL 33604 US
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<b>2. Principal Place of Business - No P.O. Box #</b> 8870 N Himes Ave Suite, Apt. #, etc. Ste 625 City & State Tampa FL Zip 33614 Country USA	<b>3. Mailing Address</b> 8870 N Himes Ave Suite, Apt. #, etc. Ste 625 City & State Tampa FL Zip 33614 Country USA
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07262008 Chg-LLC CR2E083 (12/06)

<b>4. FEI Number</b> 13-4360879	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> GALLAGHER, PAUL F 307 WEST JEAN STREET TAMPA, FL 33604
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<b>7. Name and Address of New Registered Agent</b> Name Gallagher, Paul F Street Address (P.O. Box Number is Not Acceptable) 8870 N Himes Ave Ste 625 City Tampa FL Zip Code 33614
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<b>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.</b> SIGNATURE <u>Paul F Gallagher</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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<b>FILE NOW!!! FEE IS \$138.75</b> <b>Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLAGHER, PAUL F 307 WEST JEAN STREET TAMPA, FL 33604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gallagher, Paul F 8870 N Himes Ave, ste 625 Tampa, FL 33614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>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.</b> SIGNATURE: <u>Paul F Gallagher</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date 7/26/08	Daytime Phone # 813-935-1808
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