

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000063485

FILED
Apr 24, 2009
Secretary of State

Entity Name: FLORIDA RIVER RATZ, LLC

Current Principal Place of Business:

3700 SW 86TH WAY
BELL, FL 32619

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 735
TRENTON, FL 32693

New Mailing Address:

FEI Number: 26-0507658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINCAID, JONATHAN S
1800 SW 105TH STREET
TRENTON, FL 32693 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: MGRM () Delete
Name: FRYE, BRYANT D
Address: 1117 SW 6TH AVE / P.O. BOX 1963
City-St-Zip: TRENTON, FL 32693

Title: MGRM () Delete
Name: FRYE, RICHARD A JR.
Address: 6424 NW 42ND RD
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM () Delete
Name: KINCAID, JONATHAN S
Address: 1800 SW 105TH STREET / P.O. BOX 735
City-St-Zip: TRENTON, FL 32693

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: FRYE, RICHARD A JR.
Address: 8375 SW CR 245
City-St-Zip: LAKE BUTLER, FL 32054

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: JONATHAN S. KINCAID

MGRM

04/24/2009

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