2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/8/2008-90048-023-$138.75-$138.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT -3 PM 3:42

DOCUMENT # L07000088446

1. Entity Name
JF RILEY BUSINESS MENTORING LLC

Principal Place of Business	Mailing Address
7249 MAIDSTONE DR. PORT ST. LUCIE, FL 34986	906 SW ST LUCIE WEST BLVD PMB 295 PORT ST LUCIE, FL 34986

08112008 Chg-LLC CR2E083 (12/06)

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: 26-084 78 79 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RILEY, JAMES F
906 SW ST LUCIE WEST BLVD
PMB 295
PORT ST LUCIE, FL 34986

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 ______ DATE

FILE NOW!!! FEE IS $138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RILEY, JAMES F 7249 MAIDSTONE DR PORT ST. LUCIE, FL 34986	☐ 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
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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 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.

SIGNATURE: James F Riley 2 SEPT. 2008 772 233 8367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #