

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000055039

FILED
Jul 22, 2009
Secretary of State

Entity Name: INDIAN RIVER GOLF, LLC

Current Principal Place of Business:

C/O KEYSTONE PROPERTY MANAGEMENT GROUP INC
2001 9TH AVENUE, SUITE #308
VERO BEACH, FL 329603365

New Principal Place of Business:

Current Mailing Address:

C/O KEYSTONE PROPERTY MANAGEMENT GROUP INC
2001 9TH AVENUE, SUITE #308
VERO BEACH, FL 329603365

New Mailing Address:

FEI Number: 26-4681641 FEI Number Applied For () FEI Number Not Applicable () 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:

CORNETT, JANE L ESQ.
401 E. OSCEOLA STREET
STUART, FL 34994 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:

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

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

ADDITIONS/CHANGES:

Title: PRES () Change (X) Addition
Name: COZENS, LOUIS PRESIDE
Address: 898 CAROLINA CIRCLE SW
City-St-Zip: VERO BEACH, FL 32962

Title: VP () Change (X) Addition
Name: HEWELL, JAMES VP
Address: 230 OAK HAMMOCK CIRCLE SW
City-St-Zip: VERO BEACH, FL 32962

Title: SEC () Change (X) Addition
Name: HEIM, CHARLES SEC
Address: 980 WOOD HAVEN SW
City-St-Zip: VERO BEACH, FL 32962

Title: TREA () Change (X) Addition
Name: KENNEY, ROBERT TREAS
Address: 1120 CAROLINA CIRCLE SW
City-St-Zip: VERO BEACH, FL 32962

Title: DIR () Change (X) Addition
Name: LINCOLN, THOMAS DIRECTO
Address: 1156 CAROLINA CIRCLE SW
City-St-Zip: VERO BEACH, FL 32962

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: LOUIS COZENS

PRES

07/22/2009

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