

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000132428

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Entity Name:** INDIAN RIVER MITIGATION PARTNERS, LLC.

**Current Principal Place of Business:**

TALLAHASSEE CENTER  
215 W. COLLEGE AVENUE, UNIT 603  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

TALLAHASSEE CENTER  
215 W. COLLEGE AVENUE, SUITE 603  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

TALLAHASSEE CENTER  
215 W. COLLEGE AVENUE, UNIT 603  
TALLAHASSEE, FL 32301

**New Mailing Address:**

TALLAHASSEE CENTER  
215 W. COLLEGE AVENUE, SUITE 603  
TALLAHASSEE, FL 32301

**FEI Number:** 27-4436338

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CHOWN, CRAIG L  
215 W COLLEGE AVE  
603  
TALLAHASSEE, FL 32301 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  
Name: CHOWN, CRAIG L  
Address: 215 W. COLLEGE AVENUE, SUITE 603  
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGR  
Name: HOJAK, DIANE L  
Address: 215 W. COLLEGE AVENUE, SUITE 603  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby 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: CRAIG CHOWN

MGRM

02/23/2012

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