

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000048349

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

**Entity Name:** NARANJA RIVER PLACE LLC

**Current Principal Place of Business:**

477 SE NARANJA AVE  
PORT SAINT LUCIE, FL 34983

**New Principal Place of Business:**

2472 SE ELSTON STREET  
PORT SAINT LUCIE, FL 34952

**Current Mailing Address:**

203 LAMPORT BLVD.  
STATEN ISLAND, NY 10305 US

**New Mailing Address:**

2472 SE ELSTON STREET  
PORT SAINT LUCIE, FL 34952

**FEI Number:** 45-1960996

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARONOFF, DEREK  
27 SE OCEAN BLVD.  
STUART, FL 34994 US

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

SHILD, BONNIE  
2472 SE ELSTON STREET  
PORT SAINT LUCIE, FL 34952 US

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: BONNIE SHILD

04/23/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RUSSO, DINA  
Address: 203 LAMPORT BLVD  
City-St-Zip: STATEN ISLAND, NY 10305 US

Title: MGR  
Name: SHILD, BONNIE  
Address: 2472 SE ELSTON STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34952 FL

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: BONNIE SHILD

MGM

04/23/2012

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