	or before Ma			ed Liability	Com	pany will be	•			
LIMITE	D LIABILITY CO	Sandra	LORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED				
[1998					98 MAY -1 PH to 09				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee							SECRETATIV OF STATE THE VIEW OF STATE			
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Malling Address of Limited Liability Company DOCUMENT # L9500000922							! • • • • • • • • • • • • • • • • • • •		E. AL ORION	
							1a. Principal Pla	ice of Business	Address	
NEW RIVER RANCH, L.C.						3200 RIVER RANCH ROAD RIVER RANCH FL 33867				
			Mailing Address				ed or Qualified	3a. State of Formation		
			1. Box 3 Apt. #, etc.	: '			995	FL		
City & State City & St.			State	ale			4. FEI Number Applied For			
,							5 Date of Last Report 6. Certificate of Status Desired			
Zip Country Zip			Zip		Count	try	\$8.75 Additional Lee Required		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered				red Agent					tered Agent/Office	
MARGOLIS, ROBERT A					Name HAROLD & M Street Address (P.O. Box Numb			-G/LL s Not Acceptat	ole)	
359 POSSUM PATH RIVER RANCH FL 33867					99 LOI			NG HAMMOOK DRIVE		
					Sulte, Apt. #, etc.			-05/07/9801015018		
					City			****188.75 PANCH FL 33867		
Its register		agent, or both, in the				bove-named limited	liability company s	ubmits this state	ment for the purpose of changing s. I hereby accept the appointment	
SIGNATURE Accoping Appointment (MOTE Registered Agent signature required when reinstating)								DATE4	118/98	
10. Title) (NOTE Hogistered Ag	Business Street Address			City, State and Zip Code		
MGRM	RM LYKINS, DONALD F			583 W	583 WATERWAY DRIVE			RIVER	RANCH FL	
MGR	MARGOLIS, ROBERT A			359 PC	359 POSSUM PATH E				RANCH_FL	
MGRM	RM DENNIS, HOWARD			256 S	256 SADDLE LANE			RIVER	RANCH FL	
MGRM PICKELSMER, CHARLES			383 G	383 GATOR ALLEY			RIVER	RANCH FL		
MER HAROLD MEGILL			99 4	99 LONG HAMMOCK PR.			RIVER	BHNCH, FC		
								al	1 / ()	
						<u>-</u>			<u> </u>	

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAG

4/18/98

541692-1321

Daytime Phone #