2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L96000000494

FILED Apr 15, 2008 8:00 am Secretary of State

04-15-2008 90109 023 ***138.75

	initiy Name BRE RIVER INVESTMENTS, L.C	c.				
Princ	cipal Place of Business	Mailing Address	a y d			
3873 ROBERT C. BYRD DR			50003304			
		<u> </u>		1 (1871) A 1870 A 1870 A 1871 A 1		
2. Principal Place of Business - No P.O. Box # 500 Main St. W 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.				03312008 Chg-LLC CR2E083 (1	2/06)	
City & State City & State		City & State		4. FEI Number 65-0672518	Applied For Not Applicable	
Z	ip Country U.S	.Zip	Country	5. Certificate of Status Desired	Additional equired	
ļ	6. Name and Address of Currer	nt Registered Agent	Name	7. Name and Address of New Registered Agent		
PORGES, GREGORY J 1205 MANATEE AVE WEST				et Address (P.O. Box Number is Not Acceptable)		
BRADENTON, FL 34205					- .	
			City	FL Zip Code		
	he above named entity submits this statement ne obligations of registered agent.	for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida. I am familia	r with, and accept	
1	NATURE				····	
	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered Agent signature requ	red when reinstaling) DATE		
Aft	FILE NOW!!! FEE IS \$138.75 ter May 1, 2008 Fee will be \$538.7	75		Make check payable	e to	
9.		3		Florida Department o		
	MANAGING MEME		10.	ADDITIONS/CHANGES		
TITLE	P		10. TITLE NAME	u\$	State	
TITLE NAME STREET	P	BERS/MANAGERS	TITLE	ADDITIONS/CHANGES	State	
TITLE NAME STREET CITY-S TITLE	T ADDRESS PO BOX 2594 BECKLEY, WV 25802 VP	BERS/MANAGERS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADDITIONS/CHANGES	Tange Addition	
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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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

David Hill

Defete

304-469-8013

☐ Change

☐ Addition