2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mar 02, 2004 8:00 am
Secretary of State
01-27-2004 90019 040 ****50.00

01212004 Chg-LLC CR2E083 (10/03)

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1. Entity Name
PEACE RIVER REFUGE, L.L.C.

Principal Place of Business	Mailing Address
~~4300 COUNTY ROAD 769~~ ARCADIA, FL 34266	~~2200 LAPSLEY LANE~~ BOWLING GREEN, KY 42102

2. Principal Place of Business		3. Mailing Address	
		4300 SW COUNTY ROAD 769	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: ARCADIA, FL	
Zip	Country	Zip: 34266	County: DESOTO

4. FEI Number: 59-3519630 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BETTERTON, GREG A 951 RIDGEWOOD AVE., SUITE 101 VENICE, FL 34292	Name: Same Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER ☐ Delete KELLEY, BRAD 2200 LAPSLEY LANE BOWLING GREEN, KY 42102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRAD Kelley ☑ Change ☐ Addition 100 GULF BLVD. BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ranch Manager ☐ Delete James Brown Jr 4300 S.W. CR 769 Arcadia Fla. 34269	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: [signature] CPA, CONTROLLER 1-23-04 270-779-8826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #