2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# L99000000104

Entity Name: NEW NORTH RIVER L.L.C.

Current Principal Place of Business:

1485 37TH STREET, SUITE 107
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1485 37TH STREET, SUITE 107
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 65-0904780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TAYLOR, JAMES A III
5070 NORTH HWY, A1A
OAKPOINT BUILDING, SUITE 200
VERO BEACH, FL 32963 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 ( ) Delete
Name: WERNICKI, JOANNE W M.D.
Address: 11840 SEAVIEW DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: MGRM ( ) Delete
Name: SKAGGS, FRANCIS S
Address: 3009 NASSAU DRIVE
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM ( ) Delete
Name: NORCONK, KATHLEEN J
Address: 2 STARFISH DRIVE
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOANNE WERNICKI M.D. 05/05/2009

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